UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

RCRA ACTIVITIES

Date: 12/1/87

To: OH EPA

In response to your request of 1/30/86 with regard to the following installation:

EPA I D # OHD001 926 740

the following action has beer taken:

- MARKETER OR BURNER of HAZARDOUS WASTE FUEL WAS Added.
- OFF-SPECIFICATION USED OIL FUEL MARKETER WAS Added.
- SPECIFICATION USED OIL FUEL MARKETER WAS Added.

RM

Sincerely,

Arthur S. Kawatachi
Regional Project Officer

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAR 23 1982

Robert L. Hukill, General Mgr.
Hukill Chemical Corporation
7013 Krick Road
Bedford, Ohio 44146

RE: Interim Status Acknowledgement USEPA ID No. OHD001926740
FACILITY NAME: Hukill Chemical Corporation

Dear Mr. Hukill:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

KMK 3/22/82

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No 2050-0028 Expires 9-30-88
GSA No 0246-EPA-GT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments: C

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F	I/A C 1	

I. Name of Installation

PAULDING COPROCESSING FACILITY

II. Installation Mailing Address

Street or P.O. Box: C 3 PO BOX 160

City or Town	State	ZIP Code
C 4 PAULDING	OH	45879

III. Location of Installation

Street or Route Number: C 5 COUNTY ROAD 176

City or Town	State	ZIP Code
C 6 PAULDING	OH	45879

IV. Installation Contact

Name and Title (last, first, and job title)	Phone Number (area code and number)
C 2 RENFROW, TOM - PLT MGR	419 399 4835

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership (enter code)
C 8 LAFARGE CORPORATION	P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [X] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [X] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [X] a. Generator Marketing to Burner
  - [X] b. Other Marketer
  - [X] c. Burner

B. Used Oil Fuel Activities

- [X] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [X] a. Generator Marketing to Burner
  - [X] b. Other Marketer
  - [X] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(for On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [X] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

- [ ] A. Air
- [X] B. Rail
- [X] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: OHD005048947

ID — For Official Use Only

C W | T/A | C 1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K022	K048	K049	K052	K085	K086
19	**20**	**21**	**22**	**23**	**24**
K095	K096	K087			
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U001	U002	U003	U019	U031	U037
37	**38**	**39**	**40**	**41**	**42**
U051	U052	U055	U056	U057	U069
43	**44**	**45**	**46**	**47**	**48**
U210	U112	U113	U117	U118	U124

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

☒ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☒ 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	Jean Pierre Cloiseau Vice President and Treasurer	1-29-88

EPA Form 8700-12 (Rev. 11-85) Reverse

Appendix—Form—Notification of Hazardous Waste Activity

EPA Form 8700-12 (Revised 11/85)

Form Approved. OMB No. 2050-0028. Expires 9-30-88
GSA No. 0246-EPA-01

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments: C C

Installation's EPA ID Number: C F — T/A: C 1

Approved:

Date Received (yr. mo. day):

I. Name of Installation

SYSTECH Corporation

II. Installation Mailing Address

Street or P.O. Box: C 3 — PO Box 588

City or Town: C 4 — Alpena

State: MI

ZIP Code: 49707

III. Location of Installation

Street or Route Number: C 5 — 1480 Ford Avenue

City or Town: C 6 — Alpena

State: MI

ZIP Code: 49707

IV. Installation Contact

Name and Title (*last, first, and job title*): C 2 — Tom Johns Site Mgr

Phone Number (*area code and number*): 517 354 3122

V. Ownership

A. Name of Installation's Legal Owner: C R — New SYSTECH Corp.

B. Type of Ownership (*enter code*): P

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- ☒ 1a. Generator
- ☐ 1b. Less than 1,000 kg/mo.
- ☒ 2. Transporter
- ☒ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☒ 5. Market or Burn Hazardous Waste Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☒ b. Other Marketer
  - ☐ c. Burner

B. Used Oil Fuel Activities

- ☒ 6. Off-Specification Used Oil Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☒ b. Other Marketer
  - ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (Or On-Site Burner) Who First Claims the Oil Meets the Specification.

VII. Waste Fuel Burning: Type of Combustion Device (*enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.*)

☐ A. Utility Boiler ☒ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☒ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (*specify*)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: MID 981 200 835

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete

Continue on reverse

ID — For Official Use Only

C													T/A	C
W														1

IX. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	
7	**8**	**9**	**10**	**11**	**12**

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K022	K024	K048	K049	K050	K051
19	**20**	**21**	**22**	**23**	**24**
K052	K085	K086	K094	K095	K096
25	**26**	**27**	**28**	**29**	**30**

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U001	U002	U003	U019	U031	U037
37	**38**	**39**	**40**	**41**	**42**
U051	U052	U055	U056	U057	U069
43	**44**	**45**	**46**	**47**	**48**
U080	U112	U113	U117	U118	U124

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

- [X] 1. Ignitable *(D001)*
- [ ] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [X] 4. Toxic *(D000)*

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	Stephen C. Zimmer V.P. Finance & Administration	10/15/88

EPA Form 8700-12 (Rev. 11/85) Reverse

[Editor's note]

Un tes Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

C C

Installation's EPA ID Number | Approved | Date Received (yr. mo. day)

C F | T/A C 1

I. Name of Installation

GENERAL PORTLAND-PAULDING

II. Installation Mailing Address

Street or P.O. Box

C 3: P.O. BOX 160

City or Town | State | ZIP Code

C 4: PAULDING | OH | 45879

III. Location of Installation

Street or Route Number

C 5: COUNTY ROAD 176

City or Town | State | ZIP Code

C 6: PAULDING | OH | 45879

IV. Installation Contact

Name and Title (*last, first, and job title*) | Phone Number (*area code and number*)

C 2: PRICE, DENNIS PLNT.MGR. | 419 399 4861

V. Ownership

A. Name of Installation's Legal Owner | B. Type of Ownership (*enter code*)

C R: GENERAL PORTLAND INC. | P

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- ☐ 1a. Generator
- ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☒ 5. Market or Burn Hazardous Waste Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☒ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (*or On-site Burner*) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (*enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.*)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (*specify*)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: OHD005048947

ID — For Official Use Only

													T/A	C
C														
W														1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K022	K048	K049	K052	K085	K086
19	20	21	22	23	24
K095	K096				
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U001	U002	U003	U019	U031	U037
37	38	39	40	41	42
U051	U052	U055	U056	U057	U069
43	44	45	46	47	48
U210	U112	U113	U117	U118	U124

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

D004-D010

- [X] 1. Ignitable *(D001)*
- [ ] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [X] 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
H. L. Youngblood	H. L. Youngblood, VP/Gen. Manager	1/23/86

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED JAN 2 7 1986

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146 • 216/232-9400

Over Thirty-Five Years of Quality Products and Services

February 12, 1986

Ms. Rebecca Strom
U.S. EPA Region V
P.O. Box 3587 A
Chicago, Illinois 60690-3587

Dear Ms. Strom:

Attached is a copy of our EPA Notification of Hazardous Waste Activity for January 29, 1986. In it we have identified ourselves as a Processor of Hazardous Waste Derived Fuel.

If you have any questions please give me a call.

Very truly yours,

HUKILL CHEMICAL CORPORATION

Robert L. Hukill
President

RLH/cb

Attachments

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146 • 216/232-9400

Over Thirty-Five Years of Quality Products and Services

July 3, 1985

Ms. Peggy Vince
Ohio EPA
Hazardous Waste Facilities Board
361 E. Broad Street
Columbus, Ohio 43216

OHD 001 926 740 G, TRS, TSD, PA

Dear Peggy:

Attached is a revised copy of our Part A to reflect the addition of our 12,000g. Spent Acid Blend tank. According to the new Accumulation Rule any accumulated material, which less than 75% is recycled, will be stored as a hazardous waste.

Very truly yours,

HUKILL CHEMICAL CORPORATION

Robert L. Hukill
Vice President
General Manager

RLH/lb

Enclosure

cc: Milton Rinehart - Ohio EPA
Rebecca Strom - U.S. EPA Region V
Chris Koder - Ohio EPA Twinsburg

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

For Official Use Only

Comments: C C

Installation's EPA ID Number: C F | T/A: C 1 | Approved | Date Received (yr. mo. day)

I. Name of Installation

HUKILL CHEMICAL CORPORATION

II. Installation Mailing Address

Street or P.O. Box (C 3): 7013 KRICK ROAD

City or Town (C 4): BEDFORD | State: OH | ZIP Code: 44146

III. Location of Installation

Street or Route Number (C 5): 7013 KRICK ROAD

City or Town (C 6): BEDFORD | State: OH | ZIP Code: 44146

IV. Installation Contact

Name and Title *(last, first, and job title)* (C 2): HUKILL ROBERT PRES.

Phone Number *(area code and number)*: 216 232 9400

V. Ownership

A. Name of Installation's Legal Owner (C R): HUKILL CHEMICAL CORP

B. Type of Ownership *(enter code)*: P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [X] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [X] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [X] b. Other Marketer PROCESSOR
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [X] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [X] b. Other Marketer Processor
  - [ ] c. Burner
- [X] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification Processor

RECEIVED FEB 18 1986 U.S. EPA, REGION V

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [X] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: OHD001926740

ID — For Official Use Only

C W | T/A | C 1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U019	U031	U037	U052	U080	U112
37	38	39	40	41	42
U121	U140	U154	U159	U161	U213
43	44	45	46	47	48
U220	U226	U239		U228	

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

- [X] 1. Ignitable *(D001)*
- [X] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [ ] 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Robert L Hukill	Robert L. Hukill, President	1-27-86

EPA Form 8700-12 (Rev. 11-85) Reverse

Hukill Chemical Corp. is a Resource Recovery Facility that Recycles, Reclaims, and Treats Hazardous Wastes from Industry. We are a founding member of the National Association of Solvent Recyclers (NASR).

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F004	F005	
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13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U019	U031	U037	U052	U080	U112
37	38	39	40	41	42
U121	U140	U154	U159	U161	U213
43	44	45	46	47	48
U220	U226	U239		U228	

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40* CFR *Parts 261.21 — 261.24)*

- [X] 1. Ignitable *(D001)*
- [X] 2. Corrosive *(D002)*
- [ ] 3. Reactive *(D003)*
- [ ] 4. Toxic *(D000)*

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Robert L Hukill	Robert L. Hukill, President	1-27-86

EPA Form 8700-12 (Rev. 11-85) Reverse

Hukill Chemical Corp. is a Resource Recovery Facility that Recycles, Reclaims, and Treats Hazardous Wastes from Industry. We are a founding member of the National Association of Solvent Recyclers (NASR).

Please print or type with ELITE type *(12 characters per inch)* in the unshaded areas only

Form A[illegible]d. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

For Official Use Only

Comments: C C

Installation's EPA ID Number: C F 0 H D 0 0 1 9 2 6 7 4 0 T/A C 1

Approved:

Date Received (yr. mo. day):

I. Name of Installation

HUKILL CHEMICAL CORPORATION

II. Installation Mailing Address

Street or P.O. Box: C 3 7013 KRICK ROAD

City or Town: C 4 BEDFORD

State: OH

ZIP Code: 44146

III. Location of Installation

Street or Route Number: C 5 7013 KRICK ROAD

City or Town: C 6 BEDFORD

State: OH

ZIP Code: 44146

IV. Installation Contact

Name and Title *(last, first, and job title)*: C 2 HUKILL ROBERT PRES.

Phone Number *(area code and number)*: 216 232 9400

V. Ownership

A. Name of Installation's Legal Owner: C R HUKILL CHEMICAL CORP

B. Type of Ownership *(enter code)*: P

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [X] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [X] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [X] b. Other Marketer PROCESSOR
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [X] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [X] b. Other Marketer Processor
  - [ ] c. Burner
- [X] 7. Specification Used Oil Fuel Marketer *(or On-site Burner)* Who First Claims the Oil Meets the Specification Processor

RECEIVED
JAN 30 1986
SWD - AIS
USEPA REGION V

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

- [ ] A. Utility Boiler
- [ ] B. Industrial Boiler
- [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es)*

- [ ] A. Air
- [ ] B. Rail
- [X] C. Highway
- [ ] D. Water
- [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- [ ] A. First Notification
- [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: OHD001926740

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

* OHD001926740 REACKNOWLEDGEMENT

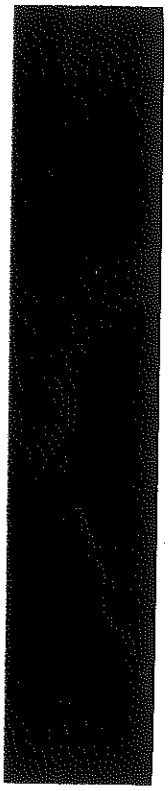
HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD OH 44146

INSTALLATION ADDRESS

7013 KRICK ROAD
BEDFORD OH 44146

EPA Form 8700-12B (4-80)

09/29/81



Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
OMB No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000336 DEC 1980

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
S F OHD001926740 T/A 2 C 1	A	801124

I. NAME OF INSTALLATION

HUKILL CHEMICAL CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 7013 KRICK RD

CITY OR TOWN	ST.	ZIP CODE
4 BEDFORD, OHIO		44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 7013 KRICK RD

CITY OR TOWN	ST.	ZIP CODE
6 BEDFORD, OHIO		44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 HUKILL, ROBERT GEN MGR	216-232-9400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 HUKILL CHEMICAL CORP.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M (36)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION (57)
- [ ] B. TRANSPORTATION (complete item VII) (58)
- [ ] C. TREAT/STORE/DISPOSE (59)
- [ ] D. UNDERGROUND INJECTION (60)

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR (61)
- [ ] B. RAIL (62)
- [ ] C. HIGHWAY (63)
- [ ] D. WATER (64)
- [ ] E. OTHER (specify): (65)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: OHD001926740

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

NOV. 24th, 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	O	H	D	0	0	1	9	2	6	7	4	0	2	1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F003	F005			
7	8	9.	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Norman Foster	NORMAN FOSTER PRESIDENT, NORTHLL, Inc., a Michigan corporation	11/15/80

EPA Form 8700-12 (6-80) REVERSE

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	OHD001926740
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	HUKILL CHEMICAL CORP 7013 KRICK ROAD CLEVELAND, OH 44146
III. LOCATION OF INSTALLATION	7013 KRICK ROAD CLEVELAND, OH 44146

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN | ST. | ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN | ST. | ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: HUKILL ROBERT L GENERAL MGR

PHONE NO. *(area code & no.)*: 216-232-9400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: HUKILL CHEMICAL CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [X] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

AUG 0 4 1980

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W 0 H 0 0 1 9 2 6 7 4 0 | T/A | C 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F005		
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U002	U031	U112	U134	U140	U154
37	38	39	40	41	42
U159	U161	U213	U220	U226	U239
43	44	45	46	47	48
U228					

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Emory G. Hukill	Emory G. Hukill, President	6/19/80

EPA Form 8700-12 (6-80) REVERSE

U228 added per attached letter

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
Form No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	OHD001926740
I. NAME OF INSTALLATION	HUKILL CHEMICAL CORP
II. INSTALLATION MAILING ADDRESS	7013 KRICK ROAD CLEVELAND, OH 44146
III. LOCATION OF INSTALLATION	7013 KRICK ROAD CLEVELAND, OH 44146

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F OHD001926740 T/A 3 C 1 — APPROVED: A — DATE RECEIVED: 80 06 25 — 093095

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3

CITY OR TOWN: C 4 — ST. — ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5

CITY OR TOWN: C 6 — ST. — ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: C 2 HUKILL ROBERT L GENERAL MGR

PHONE NO. *(area code & no.)*: 216-232-9400

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 HUKILL CHEMICAL CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [X] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: OHD001926740

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

JUN 25 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S W | 0 H D 0 0 1 9 2 6 4 4 0 | T/A 2 | C 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F002	F003	F005		
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U002	U031	U112	U134	U140	U154
37	**38**	**39**	**40**	**41**	**42**
U159	U161	U213	U220	U226	U239
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Emory G. Hukill	Emory G. Hukill, President	6/19/80

EPA Form 8700-12 (6-80) REVERSE

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

June 21, 1994

Ms Kristen Switzer
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

Dear Ms Switzer:

As you noted during our 6/20/94 telcon, the back side pages for page 1 and page 3 were missing from the two revised Part A forms submitted with the cover letters dated June 14, 1994. Both those revised Part A's were missing pages 2 and 4.

I have enclosed two copies of page 1 with page 2 on the back side and page 3 with page 4 on the back side. Please replace your pages 1 and 3 with these. Both sets are identical. I am also sending a copy of this memo and sets of the corrected copies to the route list below.

This should correct the requests for permit-by-rule for the TC, F037 and F038 waste codes by Hukill Chemical Corporation.

Thank you for your assistance. Please contact me if you have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosures:

cc: Paul Anderson, OEPA, NEDO
Marlene Emanuelson, OEPA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Harriet Croke, Chief, Ohio Section, Region V, U.S. EPA
Robert L. Hukill, President
Mike Mraz, Plant Manager

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0246-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA

United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the instructions before starting)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number (if applicable)
OHD001926740	

II. Name of Facility

HUKILL CHEMICAL CORPORATION

III. Facility Location (Physical address; not P.O. Box or Route Number)

A. Street

7013 KRICK ROAD

Street (continued)

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

County Code (If known)	County Name
	CUYAHOGA

B. Land Type (enter code)	C. Geographic Location: LATITUDE (degrees, minutes, & seconds)	C. Geographic Location: LONGITUDE (degrees, minutes, & seconds)	D. Facility Existence Date: Month Day Year
P	41 22 22 N	081 31 45 W	11 15 1968

IV. Facility Mailing Address

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last)	(first)
HUKILL	ROBERT

Job Title	Phone Number (area code and number)
PRESIDENT	216-232-9400

VI. Facility Contact Address (See instructions)

A. Contact Address Location	A. Contact Address Mailing	B. Street or P.O. Box
X		

City or Town	State	ZIP Code

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0248-EPA-OT

[illegible]: O H D 0 0 1 9 2 6 7 4 0

[illegible]:

VII. Operator Information (see Instructions)

Name of Operator: HUKILL CHEMICAL CORPORATION

Street or P.O. Box: 7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

Phone Number (area code and number)	B. Operator Type	C. Change of Operator Indicator	Date Changed (Month / Day / Year)
216-232-9400	P	Yes [ ] No [X]	

VIII. Facility Owner (see Instructions)

A. Name of Facility's Legal Owner: HUKILL CHEMICAL CORPORATION

Street or P.O. Box: 7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

Phone Number (area code and number)	B. Owner Type	C. Change of Owner Indicator	Date Changed (Month / Day / Year)
216-232-9400	P	Yes [ ] No [X]	

IX. SIC Codes (4-digit, in order of significance)

	Code	(description)
Primary	7389	Solvent Recycling
Secondary		
Secondary	5169	Chemical Distribution
Secondary		

X. Other Environmental Permits (see Instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	131803017 2T049	Air Permit
E	31F00036	Ohio EPA Permit

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	4	0

Second ID Number (enter from page 1)

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process Codes and Design Capacities

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XIII.

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. PROCESS TOTAL NUMBER OF UNITS - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

EPA I.D. Number (enter from page 1) — Secondary ID Number (enter from page 1)

O	H	D	0	0	1	9	2	6	7		0

XII. Process Codes and Design Capacity (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	S 0 1	55,000	G	0 0 2	
2	S 0 2	146,000	G	0 1 3	
3	S 0 2	84,000*	G	0 0 6	
4		* Undergoing Closure			
5		not currently active			
6					
7					
8					
9					
10					
11					
12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
	T 0 4				
	T 0 4				
	T 0 4				
	T 0 4				

O H D 0 0 1 9 2 6 7 4 0

VII. Operator Information (see instructions)

A. Name of Operator

HUKILL CHEMICAL CORPORATION

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

Phone Number (area code and number)	B. Operator Type	C. Change of Operator Indicator	Date Changed (Month / Day / Year)
216-232-9400	P	Yes [ ] No [X]	

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner

HUKILL CHEMICAL CORPORATION

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

Phone Number (area code and number)	B. Owner Type	C. Change of Owner Indicator	Date Changed (Month / Day / Year)
216-232-9400	P	Yes [ ] No [X]	

IX. SIC Codes (4-digit, in order of significance)

Code	Description	Code	Description
Primary		**Secondary**	
7389	Solvent Recycling		
Secondary		**Secondary**	
5169	Chemical Distribution		

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	1318030172T049	Air Permit
E	31F00036	Ohio EPA Permit

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA
United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application
Part A

(Read the Instructions before starting.)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number (If applicable)
O H D 0 0 1 9 2 6 7 4 0	

II. Name of Facility

HUKILL CHEMICAL CORPORATION

III. Facility Location (Physical address; not P.O. Box or Route Number)

A. Street

7013 KRICK ROAD

Street (continued)

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

County Code (If known)	County Name
CUY	AHOGA

B. Land Type (enter code)	C. Geographic Location: LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)	D. Facility Existence Date: Month Day Year
P	41 22 22 N	081 31 45 W	11 15 1968

IV. Facility Mailing Address

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last)	(first)
HUKILL	ROBERT

Job Title	Phone Number (area code and number)
PRESIDENT	216-232-9400

VI. Facility Contact Address (See instructions)

A. Contact Address Location [ ] Mailing [X]

B. Street or P.O. Box

City or Town

State

ZIP Code

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	4	0

Second ID Number (enter from page 1)

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process Codes and Design Capacities

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. PROCESS TOTAL NUMBER OF UNITS - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

EPA I.D. Number (enter from page 1) | Secondary ID Number (enter from page 1)

0	H	D	0	0	1	9	2	6	7		0

XIII. Process Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X	1	S 0 2	600	G	0 0 2	
X	2	T 0 3	20	E	0 0 5	
	1	S 0 1	55,000	G	0 0 2	
	2	S 0 2	146,000	G	0 1 3	
	3	S 0 2	84,000*	G	0 0 6	
	4		* Undergoing Closure			
	5		not currently active			
	6					
	7					
	8					
	9					
	10					
	11					
	12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
	T 0 4				
	T 0 4				
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	U 1 6 2	450	T	S 0 1 S 0 2	
2	U 1 6 5	450	T	S 0 1 S 0 2	
3	U 1 6 6	450	T	S 0 1 S 0 2	
4	U 1 6 7	450	T	S 0 1 S 0 2	
5	U 1 6 8	450	T	S 0 1 S 0 2	
6	U 1 6 9	450	T	S 0 1 S 0 2	
7	U 1 7 1	450	T	S 0 1 S 0 2	
8	U 1 8 2	450	T	S 0 1 S 0 2	
9	U 1 8 3	450	T	S 0 1 S 0 2	
10	U 1 8 4	450	T	S 0 1 S 0 2	
11	U 1 8 8	450	T	S 0 1 S 0 2	
12	U 1 9 0	450	T	S 0 1 S 0 2	
13	U 1 9 1	450	T	S 0 1 S 0 2	
14	U 1 9 6	450	T	S 0 1 S 0 2	
15	U 2 0 1	450	T	S 0 1 S 0 2	
16	U 2 0 7	450	T	S 0 1 S 0 2	
17	U 2 0 8	450	T	S 0 1 S 0 2	
18	U 2 0 9	450	T	S 0 1 S 0 2	
19	U 2 1 0	450	T	S 0 1 S 0 2	
20	U 2 1 1	450	T	S 0 1 S 0 2	
21	U 2 1 3	450	T	S 0 1 S 0 2	
22	U 2 2 0	450	T	S 0 1 S 0 2	
23	U 2 2 1	450	T	S 0 1 S 0 2	
24	U 2 2 5	450	T	S 0 1 S 0 2	
25	U 2 2 6	450	T	S 0 1 S 0 2	
26	U 2 2 7	450	T	S 0 1 S 0 2	
27	U 2 2 8	450	T	S 0 1 S 0 2	
28	U 2 3 5	450	T	S 0 1 S 0 2	
29	U 2 3 8	450	T	S 0 1 S 0 2	
30	U 2 3 9	450	T	S 0 1 S 0 2	
31	U 3 5 3	450	T	S 0 1 S 0 2	
32	U 3 2 8	450	T	S 0 1 S 0 2	
33	U 3 5 9	450	T	S 0 1 S 0 2	

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

Ms Kristen Switzer
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

April 14, 1994

Dear Ms Switzer:

I have corrected the error on page 6E of Hukill Chemical Corporation's (HCC) Part A per your request during our 4/13/94 telcon. The U323 code has been corrected to U353, the correct code for p-toluidine.

Please contact me if you need more information or have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosure: Part A, page 6E

cc: Paul Anderson, OEPA, NEDO
Marlene Emanuelson, OEPA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Harriet Croke, Chief, Ohio Section, Region V, U.S. EPA
Robert L. Hukill, President
Jamie Hukill, Vice President
Mike Mraz, Plant Manager

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

June 14, 1994

Ms Kristen Switzer
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

Dear Ms Switzer:

Per your request, I have revised the request, originally submitted 5/13/93, to add the F037 and F038 waste codes. I understand that these codes may be granted to Hukill Chemical Corporation (HCC) on a "Permit-by-Rule" basis.

HCC recycles spent solvents through distillation processes. The distillation bottoms and other solids are blended to meet specifications and shipped to permitted cement kilns as a fuel substitute.

HCC does not wish to reject recyclable materials from customers which may contain small amounts of F037 and F038 wastes. HCC must be permitted for these waste codes so that if they are present in the recyclable materials, HCC may continue to receive them.

I have attached a copy of HCC's Part A revised for the inclusion of the TC waste codes, requested in a separate 6/14/94 memo, and the above waste codes, F037 and F038.

Thank you for your assistance. Please contact me if you have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosures:

cc: Paul Anderson, OEPA, NEDO
Marlene Emanuelson, OEPA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Harriet Croke, Chief, Ohio Section, Region V, U.S. EPA
Robert L. Hukill, President
Mike Mraz, Plant Manager

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA
United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application
Part A

(Read the instructions before starting)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number (if applicable)
OHD001926740	

II. Name of Facility

HUKILL CHEMICAL CORPORATION

III. Facility Location (Physical address not P.O. Box or Route Number)

A. Street

7013 KRICK ROAD

Street (continued)

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

County Code (if known)	County Name
CUY	AHOGA

B. Land Type (enter code)	C. Geographic Location LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)	D. Facility Existence Date Month Day Year
P	41 22 22 N	81 31 45 W	11 15 1968

IV. Facility Mailing Address

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-4493

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last)	(first)
HUKILL	ROBERT

Job Title	Phone Number (area code and number)
PRESIDENT	216-232-9400

VI. Facility Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
X		

City or Town	State	ZIP Code
		-

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	4	0

Secondary ID Number (enter from page 1)

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process Codes and Design Capacities

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. PROCESS TOTAL NUMBER OF UNITS - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

0	H	D	0	0	1	9	2	6	7	4	0														

XIV. Description of Hazardous Wast

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)	D. PROCESS (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
X 1	K 0 5 4	900	P	T 0 3 D 8 0	
X 2	D 0 0 2	400	P	T 0 3 D 8 0	
X 3	D 0 0 1	100	P	T 0 3 D 8 0	
X 4	D 0 0 2				Included With Above

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
(1)	D 0 0 1	100,000	T	S 0 1 S 0 2	
(2)	F 0 0 1	thru F005 and approved D Codes			Included with above.
(3)	D 0 0 2	85,700	T	S 0 1 S 0 2	
(4)	F 0 0 1	thru F005, D001 and approved D Codes			Included with above.
(5)	D 0 1 8	450	T	S 0 1 S 0 2	
(6)	D 0 1 9	450	T	S 0 1 S 0 2	
(7)	D 0 2 1	450	T	S 0 1 S 0 2	
(8)	D 0 2 3	450	T	S 0 1 S 0 2	
(9)	D 0 2 4	450	T	S 0 1 S 0 2	
(10)	D 0 2 5	450	T	S 0 1 S 0 2	
(11)	D 0 2 7	450	T	S 0 1 S 0 2	
(12)	D 0 2 8	450	T	S 0 1 S 0 2	
(13)	D 0 2 9	450	T	S 0 1 S 0 2	
(14)	D 0 3 5	450	T	S 0 1 S 0 2	
(15)	D 0 3 9	450	T	S 0 1 S 0 2	
(16)	D 0 4 0	450	T	S 0 1 S 0 2	
(17)	F 0 0 1	100,000	T	S 0 1 S 0 2	
(18)	F 0 0 2	thru F005, D001 and approved D Codes			Included with above.
(19)	F 0 0 2	100,000	T	S 0 1 S 0 2	
(20)	F 0 0 1	, F003 thru F005 and approved D Codes			Included with above.
(21)	F 0 0 3	100,000	T	S 0 1 S 0 2	
(22)	F 0 0 1	, F002, F004, F005 and approved D Codes			Included with above.
(23)	F 0 0 4	100,000	T	S 0 1 S 0 2	
(24)	F 0 0 1	thru F003, F005 and approved D Codes			Included with above.
(25)	F 0 0 5	100,000	T	S 0 1 S 0 2	
(26)	F 0 0 1	thru F004 and approved D Codes			Included with above.
(27)	F 0 3 7	6,000	T	S 0 1 S 0 2	
(28)	F 0 0 1	thru F005 and approved D Codes			Included with above.
(29)	F 0 3 8	6,000	T	S 0 1 S 0 2	
(30)	F 0 0 1	thru F005 and approved D Codes			Included with above.
(31)					
(32)					
(33)					

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	4	0

Second ID Number (enter from page 1)

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)
	NONE

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature	Date Signed
Robert L Hukill	6/14/94

Name and Official Title (type or print)

Robert L. Hukill, President

Operator Signature	Date Signed

Name and Official Title (type or print)

XIX. Comments

See Section B of Part B for description and location of maps

See Section D of Part B for process descriptions

See Plan Sheets 2 and 2 A in Plan Sheet book of Part B for facility drawings (XVI)

See Plan Sheet 2B for previous location of H.W. storage tanks

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

Ms Kristen Switzer
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

September 16, 1993

Dear Ms Switzer:

We were advised today that pages 2 and 4 of the revised Part A from Hukill Chemical Corporation (HCC) were not included in HCC's 8/6/93 submission. Dorene Kray has faxed copies of pages 2 and 4 to both Frank Basting and Marlene Emanuelson.

Apparently the copy machine was set for one side only and the final copies were not checked against the original. The two missing pages were the only pages of the application that were on the back side of another page.

I apologize for the inconvenience. I have requested that future documents copied and submitted to the Ohio EPA be checked for completeness after the copies are made.

Please contact me if you have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosures: Part A Form pages 2 thru 4

cc: Paul Anderson, OEPA, NEDO
Marlene Emanuelson, OPEA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Frank Basting, OEPA, CO
Harriet Croke, Chief, Ohio Section, Region V, U.S. EPA
Robert L. Hukill, President; Jamie Hukill, Vice President
Mike Mraz, Plant Manager

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0245-EPA-OT

EPA I.D. Number *(enter from page 1)*: OHD001926740

Secondary ID Number *(enter from page 1)*:

VII. Operator Information *(see instructions)*

Name of Operator: HUKILL CHEMICAL CORPORATION

Street or P.O. Box: 7013 KRICK ROAD

City or Town: BEDFORD | State: OH | ZIP Code: 44146-

Phone Number *(area code and number)*: 216-232-9400

B. Operator Type: P

C. Change of Operator Indicator: Yes [ ] No [X]

Date Changed: Month Day Year

VIII. Facility Owner *(see instructions)*

A. Name of Facility's Legal Owner: HUKILL CHEMICAL CORPORATION

Street or P.O. Box: 7013 KRICK ROAD

City or Town: BEDFORD | State: OH | ZIP Code: 44146-

Phone Number *(area code and number)*: 216-232-9400

B. Owner Type: P

C. Change of Owner Indicator: Yes [ ] No [X]

Date Changed: Month Day Year

IX. SIC Codes *(4-digit, in order of significance)*

Primary		Secondary	
7389	(description) Solvent Recycling		(description)
Secondary		**Secondary**	
5169	(description) Chemical Distribution		(description)

X. Other Environmental Permits *(see instructions)*

A. Permit Type *(enter code)*	B. Permit Number	C. Description
E	13180301721T04	9 Air Permit
E	31F0003 6	Ohio EPA Permit

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0245-EPA-OT

For EPA Regional Use Only

RECEIVED
SEP 21 1993
OFFICE OF RCRA
WASTE MANAGEMENT DIV.
EPA, REGION V

Date Received
Month Day Year

EPA
United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number *(if applicable)*
OHD019267400	

II. Name of Facility

HUKILL CHEMICAL CORPORATION

III. Facility Location *(Physical address not P.O. Box or Route Number)*

A. Street

7013 KRICK ROAD

Street *(continued)*

City or Town	State	ZIP Code
BEDFORD	OH	44146-

County Code *(if known)*	County Name
CUY	CUYAHOGA

B. Land Type	C. Geographic Location		D. Facility Existence Date
(enter code)	*LATITUDE (degrees, minutes, & seconds)*	*LONGITUDE (degrees, minutes, & seconds)*	Month Day Year
P	41 22 22	81 31 45	11 15 1968

IV. Facility Mailing Address

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-

V. Facility Contact *(Person to be contacted regarding waste activities at facility)*

Name *(last)*	*(first)*
HUKILL	ROBERT

Job Title	Phone Number *(area code and number)*
PRESIDENT	216-232-9400

VI. Facility Contact Address *(See instructions)*

A. Contact Address Location	A. Contact Address Mailing	B. Street or P.O. Box
X		

City or Town	State	ZIP Code
		-

EPA I.D. Number (enter from page 1)												Secondary Number (enter from page 1)											
0	H	D	0	0	1	9	2	6	7	4	0												

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. AMOUNT - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*

2. UNIT OF MEASURE - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)											
O	H	D	0	0	1	9	2	6		4	0												

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number		A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS			FOR OFFICIAL USE ONLY				
X	1	S	0	2	600	G	0	0	2					
X	2	T	0	3	20	E	0	0	1					
	1	S	0	1	180,180	G								
	2	S	0	2	549,000	G								
	3													
	4													
	5													
	6													
	7													
	8													
	9													
1	0													
1	1													
1	2													

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
	T 0 4				
	T 0 4				
	T 0 4				
	T 0 4				

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

June 29, 1990

Mr. Tom Crepeau
Ohio EPA, DSHWM
1800 WaterMark Drive
P.O. Box 1049
Columbus, Ohio 43266-0149

Dear Mr. Crepeau:

Hukill Chemical Corporation (HCC) is submitting the enclosed information for an Agency determination of the need to submit a revised Part A.

HCC plans to construct a 16 tank dike for recovered solvents and HW Fuels Blends. The new dike will provide tank space for solvents currently stored in horizontal tanks in the Solvent Tank Farm, scheduled for remediation. When the Solvent Tank Farm area goes through remediation, HCC will retire the horizontal solvent storage tanks.

HCC would like to move the solvents stored in the horizontal tanks to new vertical storage tanks to be placed in the new 16 tank dike prior to remediation. This would allow HCC to remove and retire the horizontal tanks and reduce the time for remediation after the remediation plan is approved.

The new 16 tank dike will be located to the east of and adjacent to the current four tank HW Fuels Blend dike. The eastern edge of the new dike will extend onto part of the area called a No-Free-Liquids (NFL) drum storage area. The new dike will have a new concrete slab base poured on top of the existing concrete.

The enclosed 11" x 14" sketch shows the areas involved. The cross hatched area is the future size of the No-Free-Liquids drum storage area, located within the existing NFL area, with a 360 drum capacity. The existing NFL area, rated at 648 drums, is shown by the dashed line. As you can see, about 24 percent of the existing NFL area is covered by the planned new dike.

The Part A for HCC states that they have a "PROCESS DESIGN CAPACITY" for containers of 55,000 gallons, 1,000 drums. As shown on the sketch, HCC still retains the combined storage area, East Warehouse and NFL area, for over 1,000 drums of hazardous waste. The reduction of NFL storage area from 648 drums to 360 drums does not impact the Part A design capacity.

There is no change in the type of waste.

The enclosed Facility Map, No. 2 of 5, by Frank B. Krause and Associates, revised 2/21/89, shows the NFL drum storage area identified as "HAZARDOUS WASTE STORAGE WITHOUT FREE LIQUIDS."

Please call me at Hukill Chemical, phone (216) 232-9400, if you have any questions or need any more information for the Agency determination of whether a revision of HCC's Part A is required for the above. HCC would like to construct the new 16 tank dike this summer.

Sincerely yours,

Ed Price

Edgar M. Price
Engineering Consultant

Enclosures:
Krause 2 of 5 - Tom Crepeau only
11" x 14" sketch - all copies
Part A

cc: Robert L. Hukill, President
Paul Anderson, Ohio EPA, Twinsburg
Lisa Pierard, USEPA - Region V, Chicago
Nick Andrianas, Eder Associates

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

December 14, 1989

Ms. Lisa Pierard
RCRA Activities
Part B Application
U.S. EPA - Region V
Chicago, Illinois 60690-3587

Dear Ms. Pierard,

The enclosed is Hukill Chemical Corporation's revised Part A which includes the requested revisions as per Mr. E. A. Kitchen's July 14, 1989 memo to Mr. Robert Hukill. The reference on Mr. Kitchen's memo was #OHD 001 926 740, OHIO 02-18-0315.

We have added the Waste codes D004, D005, D006, D007, D008, D009 and K086 as "included with the above."

We have increased the tank storage capacity from 139M gallons to 146M gallons to reflect the replacement of V-714 tank with V-120 tank. We are proceeding with the closure of V-714 tank as per the revised closure plan which was approved per the November 16, 1989 memo from Richard L. Shank to Robert Hukill.

We have included the Plan Sheet 2 referred to on page 5 of Form 3 to save referral to the revised Part B during your review of this revision. It is Sheet 2 of 5 by Frank B. Krause & Associates.

The information for the relocation of the hazardous waste storage tank dike is included in the EDER Associates "Hazardous Waste Storage Tanks Integrity Assessment Report," Project #495-1, dated November, 1989. Per my 12/4/89 telcon with Robert Babik, I understand that this report has been received.

EDER Associates is sending the Closure Plan for the area previously occupied by the hazardous waste storage tanks.

If you have any questions regarding the attached, please call Ed Price or me at Hukill Chemical, (216) 232-9400.

Very truly yours,

HUKILL CHEMICAL CORPORATION

Robert L. Hukill
President

RLH:pk
Enclosures

cc: Paul Anderson
Tom Crepeau/Robert F. Babik

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Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA

United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number *(if applicable)*
OHD001926740	

II. Name of Facility

HUKILL CHEMICAL CORPORATION

III. Facility Location *(Physical address not P.O. Box or Route Number)*

A. Street

7013 KRICK ROAD

Street *(continued)*

City or Town	State	ZIP Code
BEDFORD	OH	44146-

County Code *(If known)*	County Name
CUY	CUYAHOGA

B. Land Type	C. Geographic Location		D. Facility Existence Date
(enter code)	*LATITUDE (degrees, minutes, & seconds)*	*LONGITUDE (degrees, minutes, & seconds)*	Month Day Year
P	41 22 22	81 31 45	11 15 1968

IV. Facility Mailing Address

Street or P.O. Box

7013 KRICK ROAD

City or Town	State	ZIP Code
BEDFORD	OH	44146-

V. Facility Contact *(Person to be contacted regarding waste activities at facility)*

Name *(last)*	*(first)*
HUKILL	ROBERT

Job Title	Phone Number *(area code and number)*
PRESIDENT	216-232-9400

VI. Facility Contact Address *(See instructions)*

A. Contact Address Location	A. Contact Address Mailing	B. Street or P.O. Box
X		

City or Town	State	ZIP Code
		-

8/6/93

EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)											
O	H	D	0	0	1	9	2	6	7	4	0												

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. AMOUNT - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*

2. UNIT OF MEASURE - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0746 EPA OT

EPA I.D. Number (enter from page 1)											Secondary ID Number (enter from page 1)												
O	H	D	0	0	1	9	2	6	7	4	0												

XIV. Description of Hazardous Wastes

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)									D. PROCESS (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
X 1	K 0 5 4	900	P	T	0	3	D	8	0				
X 2	D 0 0 2	400	P	T	0	3	D	8	0				
X 3	D 0 0 1	100	P	T	0	3	D	8	0				
X 4	D 0 0 2												Included With Above

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D 0 0 1	100,000	T	S 0 1 S 0 2	
2	F 0 0 1	thru F005 and D002 thru D043 (excluding D003).			Included with above.
3	D 0 0 2	85,700	T	S 0 1 S 0 2	
4	F 0 0 1	thru F005 D001 and D004 thru D043			Included with above.
5	D 0 0 4	450	T	S 0 1 S 0 2	
6	D 0 0 5	450	T	S 0 1 S 0 2	
7	D 0 0 6	450	T	S 0 1 S 0 2	
8	D 0 0 7	450	T	S 0 1 S 0 2	
9	D 0 0 8	450	T	S 0 1 S 0 2	
10	D 0 0 9	450	T	S 0 1 S 0 2	
11	D 0 1 0	450	T	S 0 1 S 0 2	
12	D 0 1 1	450	T	S 0 1 S 0 2	
13	D 0 1 2	450	T	S 0 1 S 0 2	
14	D 0 1 3	450	T	S 0 1 S 0 2	
15	D 0 1 4	450	T	S 0 1 S 0 2	
16	D 0 1 5	450	T	S 0 1 S 0 2	
17	D 0 1 6	450	T	S 0 1 S 0 2	
18	D 0 1 7	450	T	S 0 1 S 0 2	
19	D 0 1 8	450	T	S 0 1 S 0 2	
20	D 0 1 9	450	T	S 0 1 S 0 2	
21	D 0 2 0	450	T	S 0 1 S 0 2	
22	D 0 2 1	450	T	S 0 1 S 0 2	
23	D 0 2 2	450	T	S 0 1 S 0 2	
24	D 0 2 3	450	T	S 0 1 S 0 2	
25	D 0 2 4	450	T	S 0 1 S 0 2	
26	D 0 2 5	450	T	S 0 1 S 0 2	
27	D 0 2 6	450	T	S 0 1 S 0 2	
28	D 0 2 7	450	T	S 0 1 S 0 2	
29	D 0 2 8	450	T	S 0 1 S 0 2	
30	D 0 2 9	450	T	S 0 1 S 0 2	
31	D 0 3 0	450	T	S 0 1 S 0 2	
32	D 0 3 1	450	T	S 0 1 S 0 2	
33	D 0 3 2	450	T	S 0 1 S 0 2	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D 0 3 3	450	T	S 0 1 S 0 2	
2	D 0 3 4	450	T	S 0 1 S 0 2	
3	D 0 3 5	450	T	S 0 1 S 0 2	
4	D 0 3 6	450	T	S 0 1 S 0 2	
5	D 0 3 7	450	T	S 0 1 S 0 2	
6	D 0 3 8	450	T	S 0 1 S 0 2	
7	D 0 3 9	450	T	S 0 1 S 0 2	
8	D 0 4 0	450	T	S 0 1 S 0 2	
9	D 0 4 1	450	T	S 0 1 S 0 2	
10	D 0 4 2	450	T	S 0 1 S 0 2	
11	D 0 4 3	450	T	S 0 1 S 0 2	
12	F 0 0 1	100,000	T	S 0 1 S 0 2	
13	F 0 0 2	thru F005 and D001 thru D043 (excluding D003			Included with above.
14	F 0 0 2	100,000	T	S 0 1 S 0 2	
15	F 0 0 1	, F003 thru F005 and D001 thru D043 (excluding D003)			Included with above.
16	F 0 0 3	100,000	T	S 0 1 S 0 2	
17	F 0 0 1	, F002, F004, F005 and D001 thru D043 (excluding D003)			Included with above.
18	F 0 0 4	100,000	T	S 0 1 S 0 2	
19	F 0 0 1	, F002, F008, F005 and D001 thru D043 (excluding D003)			Included with above.
20	F 0 0 5	100,000	T	S 0 1 S 0 2	
21	F 0 0 1	thru F004 and D001 thru D043 (excluding D003)			Included with above.
22	D 0 0 1	thru D0043 (excluding D003) included with the following waste codes to end.			
23	F 0 2 4	3,000	T	S 0 1 S 0 2	
24	F 0 2 5	3,000	T	S 0 1 S 0 2	
25	F 0 3 7	6,000	T	S 0 1 S 0 2	
26	F 0 3 8	6,000	T	S 0 1 S 0 2	
27	F 0 3 9	3,000	T	S 0 1 S 0 2	
28	K 0 0 9	3,000	T	S 0 1 S 0 2	
29	K 0 1 0	3,000	T	S 0 1 S 0 2	
30	K 0 1 4	3,000	T	S 0 1 S 0 2	
31	K 0 1 5	3,000	T	S 0 1 S 0 2	
32	K 0 1 6	3,000	T	S 0 1 S 0 2	
33	K 0 1 7	3,000	T	S 0 1 S 0 2	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	K018	3,000	T	S01 S02	
2	K019	3,000	T	S01 S02	
3	K020	3,000	T	S01 S02	
4	K021	3,000	T	S01 S02	
5	K022	3,000	T	S01 S02	
6	K023	3,000	T	S01 S02	
7	K024	3,000	T	S01 S02	
8	K025	3,000	T	S01 S02	
9	K026	3,000	T	S01 S02	
10	K028	3,000	T	S01 S02	
11	K029	3,000	T	S01 S02	
12	K030	3,000	T	S01 S02	
13	K048	6,000	T	S01 S02	
14	K049	6,000	T	S01 S02	
15	K050	3,000	T	S01 S02	
16	K051	3,000	T	S01 S02	
17	K052	3,000	T	S01 S02	
18	K060	3,000	T	S01 S02	
19	K083	3,000	T	S01 S02	
20	K085	3,000	T	S01 S02	
21	K086	900	T	S01 S02	
22	K087	10,000	T	S01 S02	
23	K093	3,000	T	S01 S02	
24	K094	3,000	T	S01 S02	
25	K095	3,000	T	S01 S02	
26	K096	3,000	T	S01 S02	
27	K103	3,000	T	S01 S02	
28	K104	3,000	T	S01 S02	
29	K105	3,000	T	S01 S02	
30	K136	3,000	T	S01 S02	
31	K141	10,000	T	S01 S02	
32	K142	10,000	T	S01 S02	
33	U002	2,400	T	S01 S02	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	U004	450	T	S01 S02	
2	U007	450	T	S01 S02	
3	U008	450	T	S01 S02	
4	U017	450	T	S01 S02	
5	U019	450	T	S01 S02	
6	U021	450	T	S01 S02	
7	U024	450	T	S01 S02	
8	U025	450	T	S01 S02	
9	U027	450	T	S01 S02	
10	U028	450	T	S01 S02	
11	U029	450	T	S01 S02	
12	U031	450	T	S01 S02	
13	U032	450	T	S01 S02	
14	U037	450	T	S01 S02	
15	U039	450	T	S01 S02	
16	U043	450	T	S01 S02	
17	U044	450	T	S01 S02	
18	U045	450	T	S01 S02	
19	U046	450	T	S01 S02	
20	U047	450	T	S01 S02	
21	U048	450	T	S01 S02	
22	U051	450	T	S01 S02	
23	U052	450	T	S01 S02	
24	U053	450	T	S01 S02	
25	U055	450	T	S01 S02	
26	U056	450	T	S01 S02	
27	U057	450	T	S01 S02	
28	U058	450	T	S01 S02	
29	U059	450	T	S01 S02	
30	U060	450	T	S01 S02	
31	U061	450	T	S01 S02	
32	U062	450	T	S01 S02	
33	U063	450	T	S01 S02	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	U075	450	T	S01 S02	
2	U076	450	T	S01 S02	
3	U077	450	T	S01 S02	
4	U079	450	T	S01 S02	
5	U080	450	T	S01 S02	
6	U081	450	T	S01 S02	
7	U082	450	T	S01 S02	
8	U083	450	T	S01 S02	
9	U088	450	T	S01 S02	
10	U089	450	T	S01 S02	
11	U092	450	T	S01 S02	
12	U101	450	T	S01 S02	
13	U102	450	T	S01 S02	
14	U107	450	T	S01 S02	
15	U112	450	T	S01 S02	
16	U113	450	T	S01 S02	
17	U117	450	T	S01 S02	
18	U118	450	T	S01 S02	
19	U121	450	T	S01 S02	
20	U122	450	T	S01 S02	
21	U127	450	T	S01 S02	
22	U131	450	T	S01 S02	
23	U132	450	T	S01 S02	
24	U134	450	T	S01 S02	
25	U140	450	T	S01 S02	
26	U142	450	T	S01 S02	
27	U147	450	T	S01 S02	
28	U148	450	T	S01 S02	
29	U150	450	T	S01 S02	
30	U153	450	T	S01 S02	
31	U154	450	T	S01 S02	
32	U159	450	T	S01 S02	
33	U161	450	T	S01 S02	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	U 1 6 2	450	T	S 0 1 S 0 2	
2	U 1 6 5	450	T	S 0 1 S 0 2	
3	U 1 6 6	450	T	S 0 1 S 0 2	
4	U 1 6 7	450	T	S 0 1 S 0 2	
5	U 1 6 8	450	T	S 0 1 S 0 2	
6	U 1 6 9	450	T	S 0 1 S 0 2	
7	U 1 7 1	450	T	S 0 1 S 0 2	
8	U 1 8 2	450	T	S 0 1 S 0 2	
9	U 1 8 3	450	T	S 0 1 S 0 2	
10	U 1 8 4	450	T	S 0 1 S 0 2	
11	U 1 8 8	450	T	S 0 1 S 0 2	
12	U 1 9 0	450	T	S 0 1 S 0 2	
13	U 1 9 1	450	T	S 0 1 S 0 2	
14	U 1 9 6	450	T	S 0 1 S 0 2	
15	U 2 0 1	450	T	S 0 1 S 0 2	
16	U 2 0 7	450	T	S 0 1 S 0 2	
17	U 2 0 8	450	T	S 0 1 S 0 2	
18	U 2 0 9	450	T	S 0 1 S 0 2	
19	U 2 1 0	450	T	S 0 1 S 0 2	
20	U 2 1 1	450	T	S 0 1 S 0 2	
21	U 2 1 3	450	T	S 0 1 S 0 2	
22	U 2 2 0	450	T	S 0 1 S 0 2	
23	U 2 2 1	450	T	S 0 1 S 0 2	
24	U 2 2 5	450	T	S 0 1 S 0 2	
25	U 2 2 6	450	T	S 0 1 S 0 2	
26	U 2 2 7	450	T	S 0 1 S 0 2	
27	U 2 2 8	450	T	S 0 1 S 0 2	
28	U 2 3 5	450	T	S 0 1 S 0 2	
29	U 2 3 8	450	T	S 0 1 S 0 2	
30	U 2 3 9	450	T	S 0 1 S 0 2	
31	U 3 2 3	450	T	S 0 1 S 0 2	
32	U 3 2 8	450	T	S 0 1 S 0 2	
33	U 3 5 9	450	T	S 0 1 S 0 2	

Please print or type with ELITE type (12 char. _ s per inch) in the unshaded areas only

m Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

EPA I.D. Number *(enter from page 1)*												Secondary ID Number *(enter from page 1)*											
0	H	D	0	0	1	9	2	6	7	4	0												

XIV. Description of Hazardous Waste *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)
	NONE

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature	Date Signed
Robert L Hukill	8/6/93
Name and Official Title *(type or print)* Robert L. Hukill, President	
Operator Signature	Date Signed
Name and Official Title *(type or print)*	

XIX. Comments

See Section B of Part B for description and location of maps

See Section D of Part B for process descriptions

See Plan Sheets 2 and 2A in Plan Sheet book of Part B for facility drawings (XVI)

See Plan Sheet 2B for previous location of H.W. storage tanks

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	7	4	0

Secondary Number (enter from page 1)

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X	1	S 0 2	600	G	0 0 2	
X	2	T 0 3	20	E	0 0 1	
	1	S 0 1	193,380	G		
	2	S 0 2	549,000	G		
	3					
	4					
	5					
	6					
	7					
	8					
	9					
1	0					
1	1					
1	2					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
	T 0 4				
	T 0 4				
	T 0 4				
	T 0 4				

only submitted partial - 7 - 19 - 93

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	7	4	0

Second ID Number (enter from page 1)

XI. Nature of Business (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. AMOUNT - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*

2. UNIT OF MEASURE - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
OSA No. 0245-EPA-OT

EPA I.D. Number (enter from page 1): 0 H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D001	20,000	T	S01 S02	
2	F001	thru F005 and D002 thru D043			Included with above.
3	D002	3,120	T	S01 S02	
4	F001	thru F005, D001 and D003 thru D043			Included with above.
5	D003	150	T	S01 S02	
6	F001	thru F005, D001, D002 and D004 thru D043			Included with above.
7	D004	150	T	S01 S02	
8	D005	150	T	S01 S02	
9	D006	150	T	S01 S02	
10	D007	150	T	S01 S02	
11	D008	150	T	S01 S02	
12	D009	150	T	S01 S02	
13	D010	150	T	S01 S02	
14	D011	150	T	S01 S02	
15	D012	150	T	S01 S02	
16	D013	150	T	S01 S02	
17	D014	150	T	S01 S02	
18	D015	150	T	S01 S02	
19	D016	150	T	S01 S02	
20	D017	150	T	S01 S02	
21	D018	150	T	S01 S02	
22	D019	150	T	S01 S02	
23	D020	150	T	S01 S02	
24	D021	150	T	S01 S02	
25	D022	150	T	S01 S02	
26	D023	150	T	S01 S02	
27	D024	150	T	S01 S02	
28	D025	150	T	S01 S02	
29	D026	150	T	S01 S02	
30	D027	150	T	S01 S02	
31	D028	150	T	S01 S02	
32	D029	150	T	S01 S02	
33	D030	150	T	S01 S02	

EPA I.D. Number (enter from page 1): 0 H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D 0 3 1	150	T	S 0 1 S 0 2	
2	D 0 3 2	150	T	S 0 1 S 0 2	
3	D 0 3 3	150	T	S 0 1 S 0 2	
4	D 0 3 4	150	T	S 0 1 S 0 2	
5	D 0 3 5	150	T	S 0 1 S 0 2	
6	D 0 3 6	150	T	S 0 1 S 0 2	
7	D 0 3 7	150	T	S 0 1 S 0 2	
8	D 0 3 8	150	T	S 0 1 S 0 2	
9	D 0 3 9	150	T	S 0 1 S 0 2	
10	D 0 4 0	150	T	S 0 1 S 0 2	
11	D 0 4 1	150	T	S 0 1 S 0 2	
12	D 0 4 2	150	T	S 0 1 S 0 2	
13	D 0 4 3	150	T	S 0 1 S 0 2	
14	F 0 0 1	20,000	T	S 0 1 S 0 2	
15	F 0 0 2	thru F005 and D001 thru D043			Included with above
16	F 0 0 2	20,000	T	S 0 1 S 0 2	
17	F 0 0 1	, F003 thru F005 and D001 thru D043			Included with above
18	F 0 0 3	20,000	T	S 0 1 S 0 2	
19	F 0 0 1	, F002, F004, F005 and D001 thru D043			Included with above.
20	F 0 0 4	20,000	T	S 0 1 S 0 2	
21	F 0 0 1	, F002, F003, F005 and D001 thru D043			Included with above.
22	F 0 0 5	20,000	T	S 0 1 S 0 2	
23	F 0 0 1	thru F004 and D001 thru D043			Included with above.
24					
25	D 0 0 1	thru D0043 included with the following waste codes to end of Page 6.			
26	F 0 0 6	1,000	T	S 0 1 S 0 2	
27	F 0 1 9	1,000	T	S 0 1 S 0 2	
28	F 0 2 4	1,000	T	S 0 1 S 0 2	
29	F 0 2 5	1,000	T	S 0 1 S 0 2	
30	F 0 3 7	2,000	T	S 0 1 S 0 2	
31	F 0 3 8	2,000	T	S 0 1 S 0 2	
32	F 0 3 9	1,000	T	S 0 1 S 0 2	
33	K 0 0 1	1,000	T	S 0 1 S 0 2	

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0245-EPA-DT

EPA I.D. Number (enter from page 1): 0 H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	K009	1,000	T	S01 S02	
2	K010	1,000	T	S01 S02	
3	K011	1,000	T	S01 S02	
4	K013	1,000	T	S01 S02	
5	K014	1,000	T	S01 S02	
6	K015	1,000	T	S01 S02	
7	K016	1,000	T	S01 S02	
8	K017	1,000	T	S01 S02	
9	K018	1,000	T	S01 S02	
10	K019	1,000	T	S01 S02	
11	K020	1,000	T	S01 S02	
12	K021	1,000	T	S01 S02	
13	K022	1,000	T	S01 S02	
14	K023	1,000	T	S01 S02	
15	K024	1,000	T	S01 S02	
16	K025	1,000	T	S01 S02	
17	K026	1,000	T	S01 S02	
18	K027	1,000	T	S01 S02	
19	K028	1,000	T	S01 S02	
20	K029	1,000	T	S01 S02	
21	K030	1,000	T	S01 S02	
22	K048	2,000	T	S01 S02	
23	K049	2,000	T	S01 S02	
24	K050	1,000	T	S01 S02	
25	K051	1,000	T	S01 S02	
26	K052	1,000	T	S01 S02	
27	K060	1,000	T	S01 S02	
28	K061	1,000	T	S01 S02	
29	K062	1,000	T	S01 S02	
30	K064	1,000	T	S01 S02	
31	K065	1,000	T	S01 S02	
32	K066	1,000	T	S01 S02	
33	K069	1,000	T	S01 S02	

EPA I.D. Number (enter from page 1): 0 H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	K 0 8 3	1,000	T	S 0 1 S 0 2	
2	K 0 8 5	1,000	T	S 0 1 S 0 2	
3	K 0 8 6	320	T	S 0 1 S 0 2	
4	K 0 8 7	3,600	T	S 0 1 S 0 2	
5	K 0 8 8	1,000	T	S 0 1 S 0 2	
6	K 0 9 0	1,000	T	S 0 1 S 0 2	
7	K 0 9 1	1,000	T	S 0 1 S 0 2	
8	K 0 9 3	1,000	T	S 0 1 S 0 2	
9	K 0 9 4	1,000	T	S 0 1 S 0 2	
10	K 0 9 5	1,000	T	S 0 1 S 0 2	
11	K 0 9 6	1,000	T	S 0 1 S 0 2	
12	K 1 0 0	1,000	T	S 0 1 S 0 2	
13	K 1 0 3	1,000	T	S 0 1 S 0 2	
14	K 1 0 4	1,000	T	S 0 1 S 0 2	
15	K 1 0 5	1,000	T	S 0 1 S 0 2	
16	K 1 1 1	1,000	T	S 0 1 S 0 2	
17	K 1 1 2	1,000	T	S 0 1 S 0 2	
18	K 1 1 3	1,000	T	S 0 1 S 0 2	
19	K 1 1 4	1,000	T	S 0 1 S 0 2	
20	K 1 1 5	1,000	T	S 0 1 S 0 2	
21	K 1 1 6	1,000	T	S 0 1 S 0 2	
22	K 1 1 7	1,000	T	S 0 1 S 0 2	
23	K 1 1 8	1,000	T	S 0 1 S 0 2	
24	K 1 3 6	1,000	T	S 0 1 S 0 2	
25	K 1 4 1	3,600	T	S 0 1 S 0 2	
26	K 1 4 2	3,600	T	S 0 1 S 0 2	
27	U 0 0 2	800	T	S 0 1 S 0 2	
28	U 0 0 4	160	T	S 0 1 S 0 2	
29	U 0 0 7	160	T	S 0 1 S 0 2	
30	U 0 0 8	160	T	S 0 1 S 0 2	
31	U 0 1 7	160	T	S 0 1 S 0 2	
32	U 0 1 9	160	T	S 0 1 S 0 2	
33	U 0 2 1	160	T	S 0 1 S 0 2	

EPA I.D. Number (enter from page 1): 0 H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	U 0 2 3	160	T	S 0 1 S 0 2	
2	U 0 2 4	160	T	S 0 1 S 0 2	
3	U 0 2 5	160	T	S 0 1 S 0 2	
4	U 0 2 7	160	T	S 0 1 S 0 2	
5	U 0 2 8	160	T	S 0 1 S 0 2	
6	U 0 2 9	160	T	S 0 1 S 0 2	
7	U 0 3 1	160	T	S 0 1 S 0 2	
8	U 0 3 2	160	T	S 0 1 S 0 2	
9	U 0 3 7	160	T	S 0 1 S 0 2	
10	U 0 3 9	160	T	S 0 1 S 0 2	
11	U 0 4 3	160	T	S 0 1 S 0 2	
12	U 0 4 4	160	T	S 0 1 S 0 2	
13	U 0 4 5	160	T	S 0 1 S 0 2	
14	U 0 4 6	160	T	S 0 1 S 0 2	
15	U 0 4 7	160	T	S 0 1 S 0 2	
16	U 0 4 8	160	T	S 0 1 S 0 2	
17	U 0 5 1	160	T	S 0 1 S 0 2	
18	U 0 5 2	160	T	S 0 1 S 0 2	
19	U 0 5 5	160	T	S 0 1 S 0 2	
20	U 0 5 6	160	T	S 0 1 S 0 2	
21	U 0 5 7	160	T	S 0 1 S 0 2	
22	U 0 6 6	160	T	S 0 1 S 0 2	
23	U 0 6 7	160	T	S 0 1 S 0 2	
24	U 0 6 8	160	T	S 0 1 S 0 2	
25	U 0 6 9	160	T	S 0 1 S 0 2	
26	U 0 7 0	160	T	S 0 1 S 0 2	
27	U 0 7 1	160	T	S 0 1 S 0 2	
28	U 0 7 2	160	T	S 0 1 S 0 2	
29	U 0 7 5	160	T	S 0 1 S 0 2	
30	U 0 7 6	160	T	S 0 1 S 0 2	
31	U 0 7 7	160	T	S 0 1 S 0 2	
32	U 0 7 9	160	T	S 0 1 S 0 2	
33	U 0 8 0	160	T	S 0 1 S 0 2	

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA Hazardous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes: (1) Process Codes (enter)			D. Processes: (2) Process Description (if a code is not entered in D(1))
1	U 0 8 1	160	T	S 0 1	S 0 2		
2	U 0 8 2	160	T	S 0 1	S 0 2		
3	U 0 8 3	160	T	S 0 1	S 0 2		
4	U 0 8 8	160	T	S 0 1	S 0 2		
5	U 0 8 9	160	T	S 0 1	S 0 2		
6	U 0 9 2	160	T	S 0 1	S 0 2		
7	U 1 0 1	160	T	S 0 1	S 0 2		
8	U 1 0 2	160	T	S 0 1	S 0 2		
9	U 1 0 7	160	T	S 0 1	S 0 2		
0	U 1 1 2	160	T	S 0 1	S 0 2		
1	U 1 1 3	160	T	S 0 1	S 0 2		
2	U 1 1 7	160	T	S 0 1	S 0 2		
3	U 1 1 8	160	T	S 0 1	S 0 2		
4	U 1 2 1	160	T	S 0 1	S 0 2		
5	U 1 2 2	160	T	S 0 1	S 0 2		
6	U 1 2 3	160	T	S 0 1	S 0 2		
7	U 1 2 7	160	T	S 0 1	S 0 2		
8	U 1 3 1	160	T	S 0 1	S 0 2		
9	U 1 3 2	160	T	S 0 1	S 0 2		
0	U 1 3 4	160	T	S 0 1	S 0 2		
1	U 1 4 0	160	T	S 0 1	S 0 2		
2	U 1 4 4	160	T	S 0 1	S 0 2		
3	U 1 4 5	160	T	S 0 1	S 0 2		
4	U 1 4 6	160	T	S 0 1	S 0 2		
5	U 1 4 7	160	T	S 0 1	S 0 2		
6	U 1 5 3	160	T	S 0 1	S 0 2		
7	U 1 5 4	160	T	S 0 1	S 0 2		
8	U 1 5 9	160	T	S 0 1	S 0 2		
9	U 1 6 1	160	T	S 0 1	S 0 2		
0	U 1 6 2	160	T	S 0 1	S 0 2		
1	U 1 6 5	160	T	S 0 1	S 0 2		
2	U 1 6 6	160	T	S 0 1	S 0 2		
3	U 1 6 7	160	T	S 0 1	S 0 2		

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0245-EPA-OT

EPA I.D. Number (enter from page 1)

0	H	D	0	0	1	9	2	6	7	4	0

Secondary ID Number (enter from page 1)

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
(11)	U 1 6 8	160	T	S 0 1 S 0 2	
(12)	U 1 6 9	160	T	S 0 1 S 0 2	
(13)	U 1 7 1	160	T	S 0 1 S 0 2	
(14)	U 1 8 2	160	T	S 0 1 S 0 2	
(15)	U 1 8 3	160	T	S 0 1 S 0 2	
(16)	U 1 8 4	160	T	S 0 1 S 0 2	
(17)	U 1 8 8	160	T	S 0 1 S 0 2	
(18)	U 1 9 0	160	T	S 0 1 S 0 2	
(19)	U 1 9 1	160	T	S 0 1 S 0 2	
(20)	U 1 9 6	160	T	S 0 1 S 0 2	
(21)	U 2 0 1	160	T	S 0 1 S 0 2	
(22)	U 2 0 7	160	T	S 0 1 S 0 2	
(23)	U 2 0 8	160	T	S 0 1 S 0 2	
(24)	U 2 0 9	160	T	S 0 1 S 0 2	
(25)	U 2 1 0	160	T	S 0 1 S 0 2	
(26)	U 2 1 1	160	T	S 0 1 S 0 2	
(27)	U 2 1 3	160	T	S 0 1 S 0 2	
(28)	U 2 2 0	160	T	S 0 1 S 0 2	
(29)	U 2 2 1	160	T	S 0 1 S 0 2	
(30)	U 2 2 5	160	T	S 0 1 S 0 2	
(31)	U 2 2 6	160	T	S 0 1 S 0 2	
(32)	U 2 2 7	160	T	S 0 1 S 0 2	
(33)	U 2 2 8	160	T	S 0 1 S 0 2	
(34)	U 2 3 5	160	T	S 0 1 S 0 2	
(35)	U 2 3 8	160	T	S 0 1 S 0 2	
(36)	U 2 3 9	160	T	S 0 1 S 0 2	
(37)	U 3 2 3	160	T	S 0 1 S 0 2	
(38)	U 3 2 8	160	T	S 0 1 S 0 2	
(39)	U 3 5 9	160	T	S 0 1 S 0 2	
(40)					
(41)					
(42)					
(43)					

EPA I.D. Number *(enter from page 1)*: OHD001926740

Secondary ID Number *(enter from page 1)*:

XIV. Description of Hazardous Waste *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)
	NONE

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature	Date Signed
James P. Hukill	7/19/93

Name and Official Title *(type or print)*: James P. Hukill, Executive Vice-President

Operator Signature	Date Signed

Name and Official Title *(type or print)*:

XIX. Comments

See Section B of Part B for description and location of maps

See Section D of Part B for process descriptions

See Plan Sheets 2 and 2A in Plan Sheet book of Part B for facility drawings (XVI)

See Plan Sheet 2B for previous location of H.W. storage tanks

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

...shaded areas are spaced for office type, i.e., 12 characters/inch).

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F O H D 0 0 1 9 2 6 7 4 0 (T/A) D

LABEL ITEMS

I. EPA I.D. NUMBER: OHD001926740

III. FACILITY NAME: Hukill Chemical Corporation

V. FACILITY MAILING ADDRESS: 7013 Krick Road

VI. FACILITY LOCATION: Bedford, Ohio 44146

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: H U K I L L C H E M I C A L C O R P O R A T I O N

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 R O B E R T L H U K I L L	2 1 6	2 3 2	9 4 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 7 0 1 3 K R I C K R O A D

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 B E D F O R D	O H	4 4 1 4 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 7 0 1 3 K R I C K R O A D

B. COUNTY NAME: C U Y A H O G A

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 L E D F O R D	O H	4 4 1 4 6	C U Y

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7389 (specify) Solvent Recycling	5161 (specify) Chemical Distribution
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

HUKILL CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*

A 216 232 9400

E. STREET OR P.O. BOX

7013 KRICK ROAD

F. CITY OR TOWN

BEDFORD

G. STATE OH

H. ZIP CODE 44146

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N OH0063444

D. PSD *(Air Emissions from Proposed Sources)*: 9 P 13180301727T049

B. UIC *(Underground Injection of Fluids)*: U

E. OTHER *(specify)*: 9 31F0003 (specify) OEPA Permit No.

C. RCRA *(Hazardous Wastes)*: R OHD-001926740

E. OTHER *(specify)*: 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Robert L. Hukill	Robert L. Hukill	12/15/89

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	O	H	D	0	0	1	9	2	6	7	4	0		1

T/A C

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES. PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	6 8	1 1	1 5

FOR NEW FACILITIES. PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	55,000	G		7				
2	S02	146,000	G		8				
3					9				
4					10				

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7389 (specify) Solvent Recycling	5161 (specify) Chemical Distribution
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

HUKILL CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*

A 216 232 9400

E. STREET OR P.O. BOX

7013 KRICK ROAD

F. CITY OR TOWN

B BEDFORD

G. STATE OH

H. ZIP CODE 44146

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N OH0063444

D. PSD *(Air Emissions from Proposed Sources)*: 9 P 13180301727T049

B. UIC *(Underground Injection of Fluids)*: U

E. OTHER *(specify)*: 9 31F00036 (specify) OEPA Permit No.

C. RCRA *(Hazardous Wastes)*: R OHD-001926740

E. OTHER *(specify)*: 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

We are distributors of industrial acids, alkalies and solvents. We are also a "Resource Recovery Facility" actively engaged in recycling solvent streams back to industry as distilled solvents and supplemental fuel for cement kilns.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Robert L. Hukill	Robert L Hukill	12/15/89

COMMENTS FOR OFFICIAL USE ONLY

C

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W OHD 001926740 T/A C

FOR OFFICIAL USE ONLY: W DUP T/A C DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	500,000	G	S01 S02	
2	D002	6,240,000	P	S01 S02	
3	D004	60,000	G	S01 S02	Included with D001 and F Wastes.
4	D005	Incl. in above			"
5	D006	"	"		"
6	D007	"	"		"
7	D008	"	"		"
8	D009	"	"		"
9	F001	500,000	G	S01 S02	
10	F002			S01 S02	Included with F001
11	F003	2,716,000	G	S01 S02	
12	F004	78,300	G	S01 S02	
13	F005				Included with F003
14					
15	K086	52,800	G	S01 S02	
16	U002	200,000	G	S01 S02	
17	U019				Included with above
18	U031				"
19	U037				"
20	U052				"
21	U080				"
22	U112				"
23	U140				"
24	U154				"
25	U159				"
26	U121				"

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W OHD001926740		1	W DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES: 1. PROCESS CODES (enter)	D. PROCESSES: 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U161				Included with above.
2	U213				" " "
3	U220				" " "
4	U226				" " "
5	U239				" " "
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

CONTINUE ON REVERSE

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NONE

EPA I.D. NO. *(enter from page 1)*

F 0 H D 0 0 1 9 2 6 7 4 0 | T/A | C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 22 22	81 31 45

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. Haskill	Robert J Haskill	12/15/89

CONTINUE ON P.

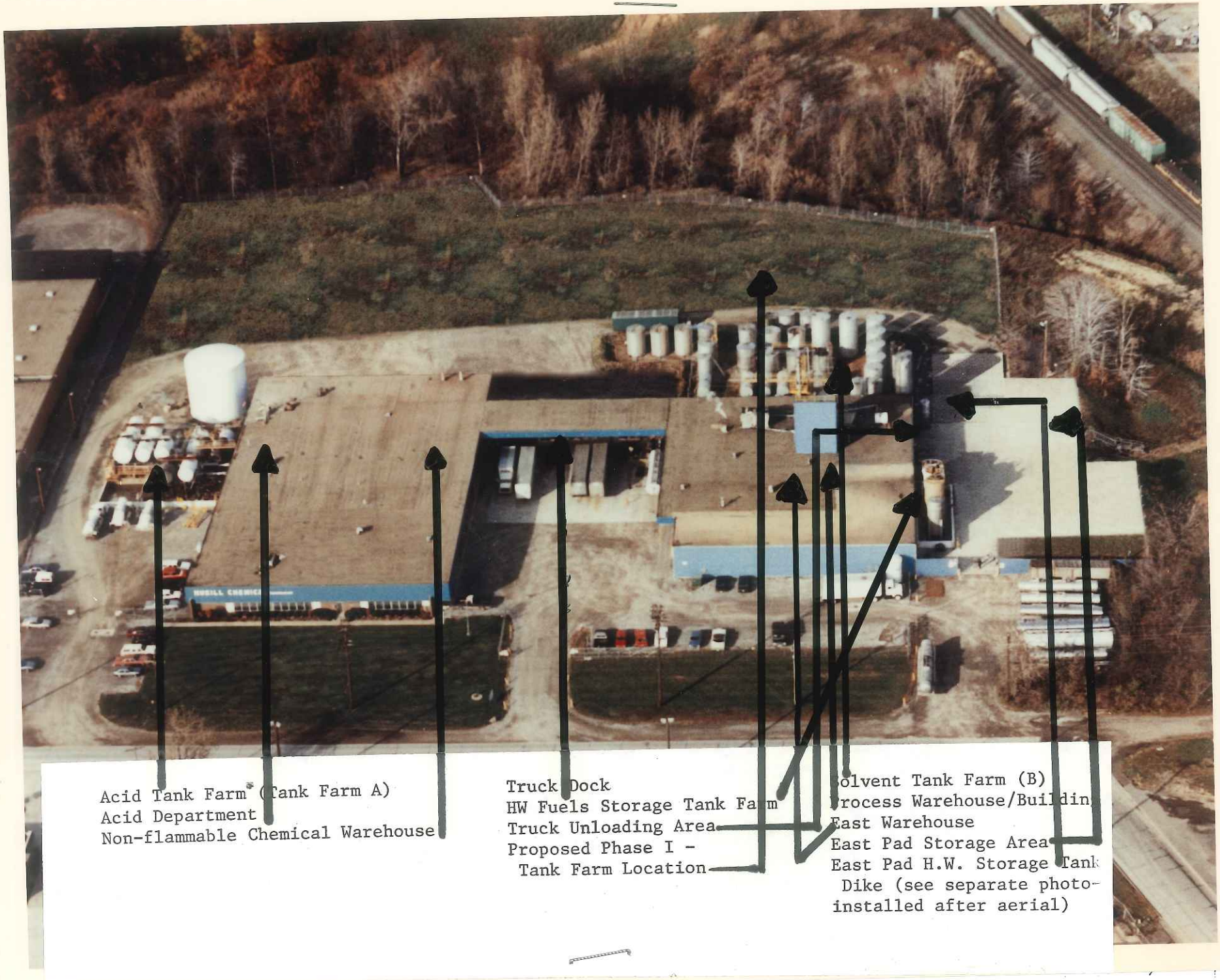
Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

See Plan Sheet 2 in Plan Book of Part B Permit Application.

EAST PAD H.W. STORAGE TANK DIKE AREA
HUKILL CHEMICAL CORPORATION

EAST PAD H.W. STORAGE TANK DIKE AREA
HUKILL CHEMICAL CORPORATION


Acid Tank Farm (Tank Farm A)
Acid Department
Non-flammable Chemical Warehouse
Truck Dock
HW Fuels Storage Tank Farm
Truck Unloading Area
Proposed Phase I -
Tank Farm Location
Solvent Tank Farm (B)
Process Warehouse/Building
East Warehouse
East Pad Storage Area
East Pad H.W. Storage Tank
Dike (see separate photo-
installed after aerial)

CANOPY AREA

PAD CONT. VALVE

N

OUTFALL 001 SYSTEM

INTERCEPT 006

PROCESSING AREA

TRANSPORT UNLOADING AREA

30' X 60' NO FREE LIQUIDS DRUM STO-RAGE AREA. 648 DMS. ORIG. AREA

TEST WELL 'F'

C.B.

RAMP

RD

PROD'N OFFICE

V6000 6M gal

V110M 9.5M

V7500 7.5M

15 Mgal (NEW)

18'

ROADWAY

PROCESSING AREA

CONTROL LABORATORY

EAST WAREHOUSE

CURRENT MAX. 916 DMS.

CURRENT SITE MAX. = 1,000 DMS.

SUMP

3,000gal vent tk. (8 dia.)

REC.

COL.

TRENCH

360 DRUM STO. FOR NFL'S

C.B.

PROPOSED NEW DIKE

(OCCUPIES 4375Q.FT. = 24% OF NFL)

PROPOSED RAMPS

RD

OFF

N_2

PROPOSED DIST. COL.

ENTRANCE

HW SOLVENTS CONTAINER PROCESSING AREA

(PROPOSED)

C.B.

HUKILL CHEMICAL CORPORATION

\PARTB-3\NFLAREA.DWG Rev. 6/21/90

Scale: 1" = 20'

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

Mr. Donald R. Schregardus, Director
Ohio EPA
1800 WaterMark Drive
P.O. Box 1049
Columbus, Ohio 43266-0149
Attention: Mr. Tom Crepeau

August 14, 1992

Re: Request for Permit Revision
Ohio Permit No. 02-18-0315
U.S. EPA ID No. OHD001926740

Dear Mr. Schregardus:

Hukill Chemical Corporation (HCC) is requesting a revision to its Part A Permit to include the hazardous wastes that have the characteristic of toxicity, D004 through D043. The reason for this request is the Ohio Rule Change for Toxicity Characteristics (TC). HCC has previously, September 4, 1990, made the request to the U.S. EPA, Region V.

HCC recycles spent solvents through distillation processes. The distillation bottoms and other non-recyclable solids are shipped to permitted facilities for use as supplemental fuel which results in thermal destruction of the hazardous wastes.

The new TC regulations make D wastes of many of the wastes HCC accepts as D001, D002, F and U wastes under their interim permit. HCC does not wish to reject recyclable materials from customers which may contain small amounts of TC wastes which may be above the regulatory level. HCC must be permitted for these waste codes so that if they are present above the regulatory levels in recyclable materials, HCC may continue to receive them.

I have attached the portion of HCC's ammended Part A, page 3 of 5, to include the TC wastes.

Thank you for your cooperation. If you have any questions or need additional information regarding this request for a permit change by rule, please contact Ed Price, Engineering Consultant, at Hukill Chemical, (216) 232-9400.

Sincerely yours,
Hukill Chemical Corporation

Robert L. Hukill
President

cc: Kristen Switzer, Ohio EPA-NEDO
Lisa Pierard, U.S. EPA
Mike Mraz, Plant Manager, Ed Price, Engineering Consultant

Continued from page 4.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W 0 H D 0 0 1 9 2 6 7 4 0	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 1	500,000	G	S 0 1 S 0 2	
2	D 0 0 2	6,240,000	P	S 0 1 S 0 2	
3	D 0 0 4	60,000	G	S 0 1 S 0 2	Included with D001 and F Wastes.
4	D 0 0 5	Incl. in above			" " " " "
5	D 0 0 6	" " "			" " " " "
6	D 0 0 7	" " "			" " " " "
7	D 0 0 8	" " "			" " " " "
8	D 0 0 9	" " "			" " " " "
9	F 0 0 1	500,000	G	S 0 1 S 0 2	
10	F 0 0 2			S 0 1 S 0 2	Included with F001
11	F 0 0 3	2,716,000	G	S 0 1 S 0 2	
12	F 0 0 4	78,300	G	S 0 1 S 0 2	
13	F 0 0 5				Included with F003
14					
15	K 0 8 6	52,800	G	S 0 1 S 0 2	
16	U 0 0 2	200,000	G	S 0 1 S 0 2	
17	U 0 1 9				Included with above
18	U 0 3 1				" " "
19	U 0 3 7				" " "
20	U 0 5 2				" " "
21	U 0 8 0				" " "
22	U 1 1 2				" " "
23	U 1 4 0				" " "
24	U 1 5 4				" " "
25	U 1 5 9				" " "
26	U 1 2 1				" " "

CONTINUE ON REVER

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY													
W	0	H	D	0	0	1	9	2	6	7	4	0	T/A	C	W			DUP					T/A	C	2	DUP		
1	2											13	14	15	1	2						13	14	15	22			30

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U 1 6 1				Included with above.
2	U 2 1 3				" " "
3	U 2 2 0				" " "
4	U 2 2 6				" " "
5	U 2 3 9				" " "
6	D 0 1 0				Included with D001,D002,F Wastes
7	D 0 1 1				" " " " "
8	D 0 1 2				" " " " "
9	D 0 1 3				" " " " "
10	D 0 1 4				" " " " "
11	D 0 1 5				" " " " "
12	D 0 1 6				" " " " "
13	D 0 1 7				" " " " "
14	D 0 1 8				" " " " "
15	D 0 1 9				" " " " "
16	D 0 2 0				" " " " "
17	D 0 2 1				" " " " "
18	D 0 2 2				" " " " "
19	D 0 2 3				" " " " "
20	D 0 2 4				" " " " "
21	D 0 2 5				" " " " "
22	D 0 2 6				" " " " "
23	D 0 2 7				" " " "
24	D 0 2 8				" " " " "
25	D 0 2 9				" " " " "
26	D 0 3 0				" " " " "

CONTINUE ON REVERSE

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W	W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D031				
2	D032				
3	D033				
4	D034				
5	D035				
6	D036				
7	D037				
8	D038				
9	D039				
10	D040				
11	D041				
12	D042				
13	D043				
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NONE

EPA I.D. NO. *(enter from page 1)*

F	O	H	D	0	0	1	9	2	6	7	4	0		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 22 22	81 31 45

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Robert L. Hukill	Robert L Hukill	8/14/92

revised Part A

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146 • 216/232-9400

Over Twenty-five Years of Quality Products and Services

June 17, 1981

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Gentlemen:

We refer you to our EPA #OHD001926740 and the Hazardous Waste Permit Application Form 3.

Please amend our form by changing the word "other" in section IV, line number 6 to read D001. Enclosed is a copy of the Form 3 with the change.

With thanks for your cooperation in adding the above information to our file, we remain,

Very truly yours,

HUKILL CHEMICAL CORPORATION

Robert L. Hukill
Vice President
General Manager

RLH/dg

Enclosure

SUB. PART A

JUN 22 1981

JUN 22 1981

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch)

Form Approved OMB No. 158 S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F | O H D 0 0 1 9 2 6 7 4 0

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C 8 | YR. 68 | MO. 11 | DAY 15 | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR. | MO. | DAY | FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	
HECTARE-METER	
ACRES	
HECTARES	

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C | DUP | T/A | C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	55,000 *	G		7				
2	S 0 2	124,000[1].	G		8		1.) Revised 7/3/85		
3	T 0 4	1650	U		9		*This amount originally		
4					10		submitted on Nov. 18, 1980		

CONTINUE ON REVERSE

...tinued from the front.

...PROCESSES (continued)

...SPACE FOR ADDITIONAL PROCESS CODES OR ... DESCRIBING OTHER PROCESSES (code ... FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

See Section D of Part B application

#3.) Solidification Process - Under present operating conditions we would produce 250 gallons of solid material per day but actual daily capacity in an 8 hour day is 1650 gallons.
See Section D of Part B Application for more detail.

Revised August 31, 1984

V. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:
1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

CONTINUE ON PAGE

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W | O | H | D | 0 | 0 | 1 | 9 | 2 | 6 | 7 | 4 | 0 | T/A | C | 1

FOR OFFICIAL USE ONLY: W | DUP | T/A | C | 2 | DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D001	500,000	G	S01 S02 T04	
2	F001	500,000	G	S01 S02 T04	
3	F002		G	S01 S02 T04	Included with F001
4	F003	2,716,000	G	S01 S02 T04	
5	F005		G	S01 S02 T04	Included with F003
6	F004	78,300	G	S01 S02 T04	
7	U002	200,000		S01 S02	
8	U019				Included with above
9	U031				" "
10	U037				" "
11	U052				" "
12	U080				" "
13	U112				" "
14	U121				" "
15	U140				" "
16	U154				" "
17	U159				" "
18	U161				" "
19	U213				" "
20	U220				" "
21	U226				" "
22	U239				" "
23					Revised August 31, 1984
24	D002	6,240,000	P	S02	Revised July 3, 1985
25					
26					

CONTINUE ON REV

tinued from the front.

. DESCRIPTION OF HAZARDOUS WASTE (tinued)

. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)

F 0 H D 0 0 1 9 2 6 7 4 0 | T/A | C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground—level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
41 22 22	81 31 45

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
C E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F	C G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	E. Hukill	9/30/82

CONTINUE ON PAGE 5

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

CERTIFIED MAIL

August 6, 1993

Ms. Kristen Switzer
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

Dear Ms. Switzer:

Per our discussions, I am enclosing a copy of the complete Part A Application form for Hukill Chemical Corporation (HCC). The waste codes, pages 6 to 6E, have been revised to eliminate those found in sections 2, 3 and 4 of Paul Anderson's 7/20/93 fax to me. We understand that you and Paul Anderson will assist us in expediting the revisions or modifications required to add those codes to HCC's Part A in the future.

I have revised the container storage capacity to 180,180 gallons to be the same as the total of all hazardous waste container storage areas for the future planned facility. This is shown on the revised page 4 of 7.

Please contact me if you have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosures: Completed Part A Form

cc: Paul Anderson, OEPA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Harriet Croke, Chief, Ohio Section, Region V, U.S. EPA
Robert L. Hukill, President
Jamie Hukill, Vice President
Mike Mraz, Plant Manager

HUKILL CHEMICAL CORPORATION

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Over Forty Years of Quality Products and Services

CERTIFIED MAIL

Mr. Paul Anderson
Ohio EPA, NEDO
2110 East Aurora Road
Twinsburg, Ohio 44087

July 19, 1993

Dear Paul:

Per our conversation today, I am enclosing the following portions of the Part A Application for Hukill Chemical Corporation (HCC). The waste codes, pages 6 to 6F, are copies of those submitted to Kristen Switzer on September 23, 1992.

We have increased the container storage capacity to 193,380 gallons to be the same as the total of all hazardous waste container storage areas for the future planned facility. This is shown on the revised page 4 of 7.

In order to get everything up to date, I have also enclosed a copy of the signature page with today's date.

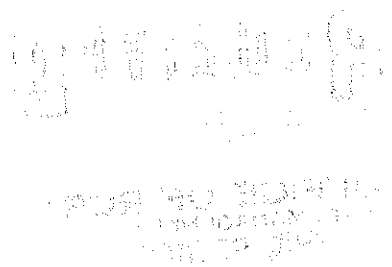
Please contact me if you have any questions or comments on the above. I can be reached at Hukill Chemical Corporation, (216) 232-9400.

Sincerely yours,

Edgar M. Price
Engineering Consultant

enclosures: Part A copies

cc: Kristen Switzer, OEPA, NEDO
Tom Crepeau, DHWM, CO, Ohio EPA
Lisa Pierard, Region V, U.S. EPA
Robert L. Hukill, President
Jamie Hukill, Vice President
Mike Mraz, Plant Manager



HUKILL CHEMICAL CORPORATION

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CERTIFIED MAIL

Mr. Donald R. Schregardus, Director
Ohio EPA
1800 WaterMark Drive
P.O. Box 1049
Columbus, Ohio 43266-0149

Attention: Mr. Tom Crepeau

May 13, 1993

Re: Request for Permit Revision
Ohio Permit No. 02-18-0315
U.S. EPA ID No. OHD001926740

Dear Mr. Schregardus:

Hukill Chemical Corporation (HCC) is requesting a revision to its Part A Permit to add the F037 and F038 waste codes in response to the rule change.

HCC recycles spent solvents through distillation processes. The distillation bottoms and other non-recyclable solids are shipped to permitted facilities for use as supplemental fuel which results in thermal destruction of the hazardous wastes.

HCC does not wish to reject recyclable materials from customers which may contain small amounts of F037 and F038 wastes which may be above the regulatory level. HCC must be permitted for these waste codes so that if they are present above the regulatory levels in recyclable materials, HCC may continue to receive them.

I have attached page 6A of HCC's amended Part A which includes these waste codes. This revised Part A was contained in the most recent revision of HCC's Part B application, submitted in September, 1992.

Thank you for your cooperation. If you have any questions or need additional information regarding this request for a permit change by rule, please contact Ed Price, Engineering Consultant, at Hukill Chemical, (216) 232-9400.

Sincerely yours,
Hukill Chemical Corporation

Robert L. Hukill
President

cc: Kristen Switzer, Ohio EPA-NEDO
Lisa Pierard, U.S. EPA
Mike Mraz, Plant Manager; Ed Price, Engineering Consultant

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
OSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1): O H D 0 0 1 9 2 6 7 4 0

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D 0 3 1	150	T	S 0 1 S 0 2	
2	D 0 3 2	150	T	S 0 1 S 0 2	
3	D 0 3 3	150	T	S 0 1 S 0 2	
4	D 0 3 4	150	T	S 0 1 S 0 2	
5	D 0 3 5	150	T	S 0 1 S 0 2	
6	D 0 3 6	150	T	S 0 1 S 0 2	
7	D 0 3 7	150	T	S 0 1 S 0 2	
8	D 0 3 8	150	T	S 0 1 S 0 2	
9	D 0 3 9	150	T	S 0 1 S 0 2	
10	D 0 4 0	150	T	S 0 1 S 0 2	
11	D 0 4 1	150	T	S 0 1 S 0 2	
12	D 0 4 2	150	T	S 0 1 S 0 2	
13	D 0 4 3	150	T	S 0 1 S 0 2	
14	F 0 0 1	20,000	T	S 0 1 S 0 2	
15	F 0 0 2	thru F005 and D001 thru D043			Included with above
16	F 0 0 2	20,000	T	S 0 1 S 0 2	
17	F 0 0 1	, F003 thru F005 and D001 thru D043			Included with above
18	F 0 0 3	20,000	T	S 0 1 S 0 2	
19	F 0 0 1	, F002, F004, F005 and D001 thru D043			Included with above.
20	F 0 0 4	20,000	T	S 0 1 S 0 2	
21	F 0 0 1	, F002, F003, F005 and D001 thru D043			Included with above.
22	F 0 0 5	20,000	T	S 0 1 S 0 2	
23	F 0 0 1	thru F004 and D001 thru D043			Included with above.
24					
25	D 0 0 1	thru D0043 included with the following waste codes to end of Page 6.			
26	F 0 0 6	1,000	T	S 0 1 S 0 2	
27	F 0 1 9	1,000	T	S 0 1 S 0 2	
28	F 0 2 4	1,000	T	S 0 1 S 0 2	
29	F 0 2 5	1,000	T	S 0 1 S 0 2	
30	F 0 3 7	2,000	T	S 0 1 S 0 2	
31	F 0 3 8	2,000	T	S 0 1 S 0 2	
32	F 0 3 9	1,000	T	S 0 1 S 0 2	
33	K 0 0 1	1,000	T	S 0 1 S 0 2	

Part A

HUKILL CHEMICAL CORPORATION

7013 KRICK ROAD • BEDFORD, OHIO 44146-4493 • 216 / 232-9400 • FAX 216 / 232-9477

Over Forty Years of Quality Products and Services

September 4, 1990

Ms. Lisa Pierard
RCRA Activities
Part B Application
U.S. EPA - Region V
230 S. Dearborn St.
Chicago, Illinois 60690-3587

Re: Request for Permit Revision
U.S. EPA ID No. OHD001926740
Ohio Permit No. 02-18-0315

Dear Ms. Pierard:

Hukill Chemical Corporation (HCC) wishes to revise its Part A permit application to include the hazardous wastes that have the characteristic of toxicity. The reason for this request is the Rule Change for Toxicity Characteristics (TC).

HCC recycles spent solvents through distillation processes. The distillation bottoms and other non-recyclable solids are shipped to permitted facilities for use as suplemental fuel which results in thermal destruction. Some wastes may, infrequently, be sent to permitted facilities for commercial incineration.

The new TC regulations make D wastes of many of the wastes HCC accepts as F and U wastes under their Interim Permit. HCC does not wish to reject recyclable materials from customers which may contain trace amounts of D wastes that are above the regulatory levels. Although HCC does not wish to handle some of the TC chemicals, they must be permitted for them so that if the TC wastes are present above the regulatory levels in recyclable materials, the solvents may be recovered.

Per our 8/30/90 telcon, I have enclosed the revised page 3 of 5 which includes the TC waste codes.

Please contact me at Hukill Chemical, (216) 232-9400 if you have any questions or require more information regarding the above.

RECEIVED
SEP 17 1990
U. S. EPA, REGION V
SWB — PMS

Sincerely yours,

Ed Price

Edgar M. Price
Engineering Consultant

Entered only amounts

Enclosures:

cc: Robert L. Hukill, President
Tom Crepeau, Ohio EPA, Columbus
Paul Anderson, Ohio EPA, Twinsburg
Nick Andrianas, Eder Associates

waste codes C233=T

055-55

Continued from page 2.
NOTE: *Photocopy this page before completing if you have more than 26 wastes to list.*

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W O H D 0 0 1 9 2 6 7 4 0		1	W DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	500,000	G	S01 S02	
2	D002	6,240,000	P	S01 S02	
3	D004	60,000	G	S01 S02	Included with D001 and F Wastes.
4	D005	Incl. in above			" " " " "
5	D006	" " "			" " " " "
6	D007	" " "			" " " " "
7	D008	" " "			" " " " "
8	D009	" " "			" " " " "
9	F001	500,000	G	S01 S02	
10	F002			S01 S02	Included with F001
11	F003	2,716,000	G	S01 S02	
12	F004	78,300	G	S01 S02	
13	F005				Included with F003
14					
15	K086	52,800	G	S01 S02	
16	U002	200,000	G	S01 S02	
17	U019				Included with above
18	U031				" " "
19	U037				" " "
20	U052				" " "
21	U080				" " "
22	U112				" " "
23	U140				" " "
24	U154				" " "
25	U159				" " "
26	U121				" " "

SEP 17 1990
U. S. EPA, REGION V
SWB — PMS

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from page 4.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY														
W	O	H	D	0	0	1	9	2	6	7	4	0	T/A	C	W	DUP			T/A	C	DUP								
														1						2										

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U161				Included with above.
2	U213				" " "
3	U220				" " "
4	U226				" " "
5	U239				" " "
6	D010				Included with D001,D002,F Wastes
7	D011				" " " " "
8	D012				" " " " "
9	D013				" " " " "
10	D014				" " " " "
11	D015				" " " " "
12	D016				" " " " "
13	D017				" " " " "
14	D018				" " " " "
15	D019				" " " " "
16	D020				" " " " "
17	D021				" " " " "
18	D022				" " " " "
19	D023				" " " " "
20	D024				" " " " "
21	D025				" " " " "
22	D026				" " " " "
23	D027				" " " " "
24	D028				" " " " "
25	D029				" " " " "
26	D030				" " " " "

Continued from page 2.
NOTE: *Photocopy this page before completing if you have more than 26 wastes to list.*

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W		1	W DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D031				" " " " "
2	D032				" " " " "
3	D033				" " " " "
4	D034				" " " " "
5	D035				" " " " "
6	D036				" " " " "
7	D037				" " " " "
8	D038				" " " " "
9	D039				" " " " "
10	D040				" " " " "
11	D041				" " " " "
12	D042				" " " " "
13	D043				" " " " "
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NONE

EPA I.D. NO. *(enter from page 1)*

1	2	3	4	5	6	7	8	9	10	11	12	13	T/A 14	C 15
F	O	H	D	0	0	1	9	2	6	7	4	0		6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*						LONGITUDE *(degrees, minutes, & seconds)*					
15 16	17 18	19 20	21 22	23 24	25 26	27 28	29 30	31 32	33 34	35 36	37 38
4	1	2	2	.	2	2	8	1	3	1	.	4	5

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Robert L. Hukill	Robert L Hukill	9/14/90

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 /inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	F/A 14	C 15
F	O	H	D	0	0	1	9	2	6	7	4	0		D

LABEL ITEMS

- EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: HUKILL CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 ROBERT L HUKILL	216 232 9400

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 7013 KRICK ROAD	4 BEDFORD	OH	44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
5 7013 KRICK ROAD	CUYAHOGA	6 BEDFORD	OH	44146	CUY

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7399 (specify) SOLVENT RECYCLING	5161 (specify) CHEMICAL DISTRIBUTION

C. THIRD	D. FOURTH
2891 (specify) CHEMICAL PACKAGING	(specify)

VIII. OPERATOR INFORMATION

A. NAME: HUKILL CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): A 216 232 9400

E. STREET OR P.O. BOX: 7013 KRICK ROAD

F. CITY OR TOWN: BEDFORD

G. STATE: OH

H. ZIP CODE: 44146

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N OH0063444	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 (specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
[illegible]	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. Also in connection with this report and the attached Hazardous Waste Permit Application, we are a "Resource Recovery Facility" actively engaged in recycling byproduct streams back to industry.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill, President	Emory G. Hukill	9/30/82

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., [illegible]ers/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	0	H	D	0	0	1	9	2	6	7	4	0		1
1	2											13	14	15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY (71) *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY (71) *(Complete item below.)*

C 8 (15) — FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
6 8 (73 74)	1 1 (75 76)	1 5 (77 78)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
(73 74)	(75 76)	(77 78)

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS (72)

[ ] 2. FACILITY HAS A RCRA PERMIT (72)

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S													T/A	C
C	D	U	P											1
1	2											13	14	15

LINE NUMBER	A. PROCESS CODE (from list above) (16 - 18)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) (19 - 27)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code) (28)	FOR OFFICIAL USE ONLY (29 - 32)
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	5500	G	
2	S 0 2	102,000	G	
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

See Section D of Part B application

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W 0 H D 0 0 1 9 2 6 7 4 0 — T/A C: 1

FOR OFFICIAL USE ONLY: W DUP — T/A C: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	3,525,000	G	S01	S02			
2	F001	117,500	G	S01	S02			
3	F002	117,500	G	S01	S02			
4	F003	78,300	G	S01	S02			
5	F004	78,300	G	S01	S02			
6	F005	78,300	G	S01	S02			
7								
8								
9								
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11								
12								
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15								
16								
17								
18								
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21								
22								
23								
24								
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F 0 H D 0 0 1 9 2 6 7 4 0 | T/A | C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 22 22	81 31 45

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
X Emory G. Hukill	Emory G. Hukill	9/30/82

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

See Plan Sheet 2 in Section B of Part B Permit Application

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 [illegible] /inch).

Form Approved OMB No. 158-R0175

383

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S: F O H D 0 0 1 9 2 6 7 4 0 T/A: 3 C: D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

OHD001926740

HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146

~~PLEASE PLACE LABEL IN THIS SPACE~~

(Same)

Duplicate

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold—faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: HUKILL CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 ROBERT L HUKILL GENERAL MANAGR	216 232 9400

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 7013 KRICK ROAD

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 BEDFORD	OH	44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 7013 KRICK ROAD

B. COUNTY NAME: CUYAHOGA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BEDFORD	OH	44146	~~035~~ 035

EPA Form 3510-1 (6-80)

035 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 7,3,9,9 (specify) SOLVENT RECYCLING	7 5,1,6,1 (specify) CHEMICAL DISTRIBUTION
C. THIRD	**D. FOURTH**
7 2,8,9,1 (specify) CHEMICAL PACKAGING	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 HUKILL CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 216 232 9400

E. STREET OR P.O. BOX

7013 KRICK ROAD

F. CITY OR TOWN

B BEDFORD

G. STATE OH

H. ZIP CODE 44146

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N F 336 AD	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9B/58

XII. NATURE OF BUSINESS (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. Also in connection with this report and the attached Hazardous Waste Permit Application, we are a "Resource Recovery Facility" actively engaged in recycling byproduct streams back to industry in a completely closed loop system.

F9A/57

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
EMORY G. HUKILL, PRESIDENT	Emory G. Hukill	11/6/80

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	0	H	D	0	0	1	9	2	6	7	4	3	1
1	2										13	14	15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 71 **1. EXISTING FACILITY** *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 71 **2. NEW FACILITY** *(Complete item below.)*

C 8 (15)

YR.	MO.	DAY
6 8	1 1	1 5
73 74	75 76	77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* **OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED** *(use the boxes to the left)*

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* **OPERATION BEGAN OR IS EXPECTED TO BEGIN**

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 72 **1. FACILITY HAS INTERIM STATUS**

[ ] 72 **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A	C
C	D	U	P									3	1
1	2										13	14	15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	55,~~000~~ 000	G		7				
2	S 0 2	150,~~000~~ 000	G		8				
3	T 0 4	12,~~500~~ 000	U		9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

We operate a Resource Recovery Facility incorporating both vacuum flash and atmospheric fractional distillation processes. Capacity approximately 3 million gallons per year total. Materials processed are received as commercial solvent by-product streams which are recycled back to industry as industrial solvent blends and heavier fractions converted and blended into residual fuels and returned to industry.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1): S W 0 E D 0 0 1 9 2 6 7 4 0 | T/A 3 | C 1

FOR OFFICIAL USE ONLY: S W DUP | T/A 3 | C 2 | DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 1	~~1,000,000~~ 999999999	P	S 0 1 S 0 2 T 0 4	Storage and Processing for
2	F 0 0 2	included above	P		recycling
3	F 0 0 3	" "	P		
4	F 0 0 4	" "	P		
5	F 0 0 5	" "	P		
6	* Other	1,500,000	P		
7					
8					* Note: This covers a large
9					variety of non halogenated
10					solvent blends typically
11					known as paint and lacquer
12					thinners.
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

DUPLICATE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F 6 8 1 5 5

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

F 6 8 1 5 5

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
41 22 02 22	081 31 04 45

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

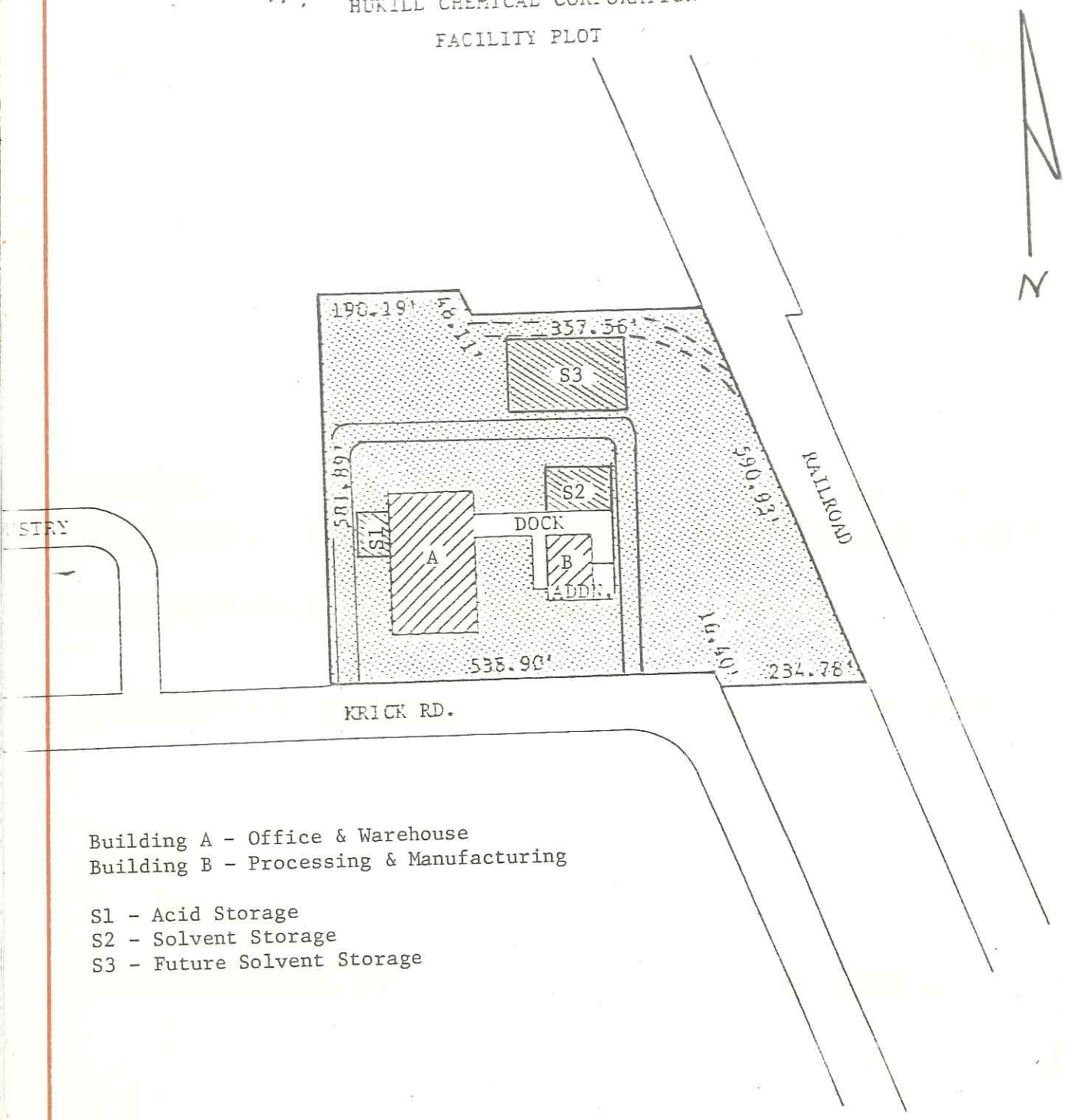
Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

383

HUKILL CHEMICAL CORPORATION

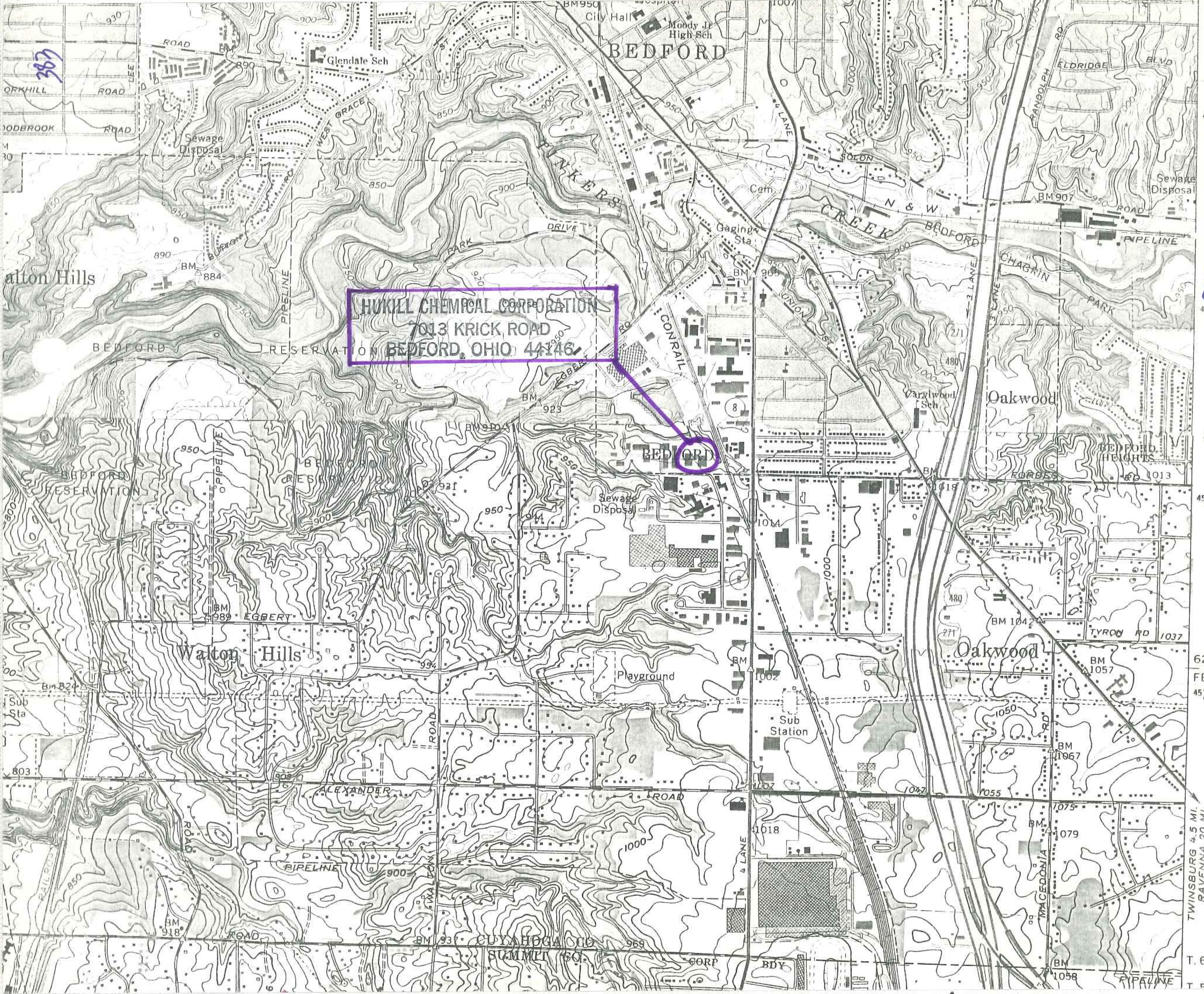
FACILITY PLOT

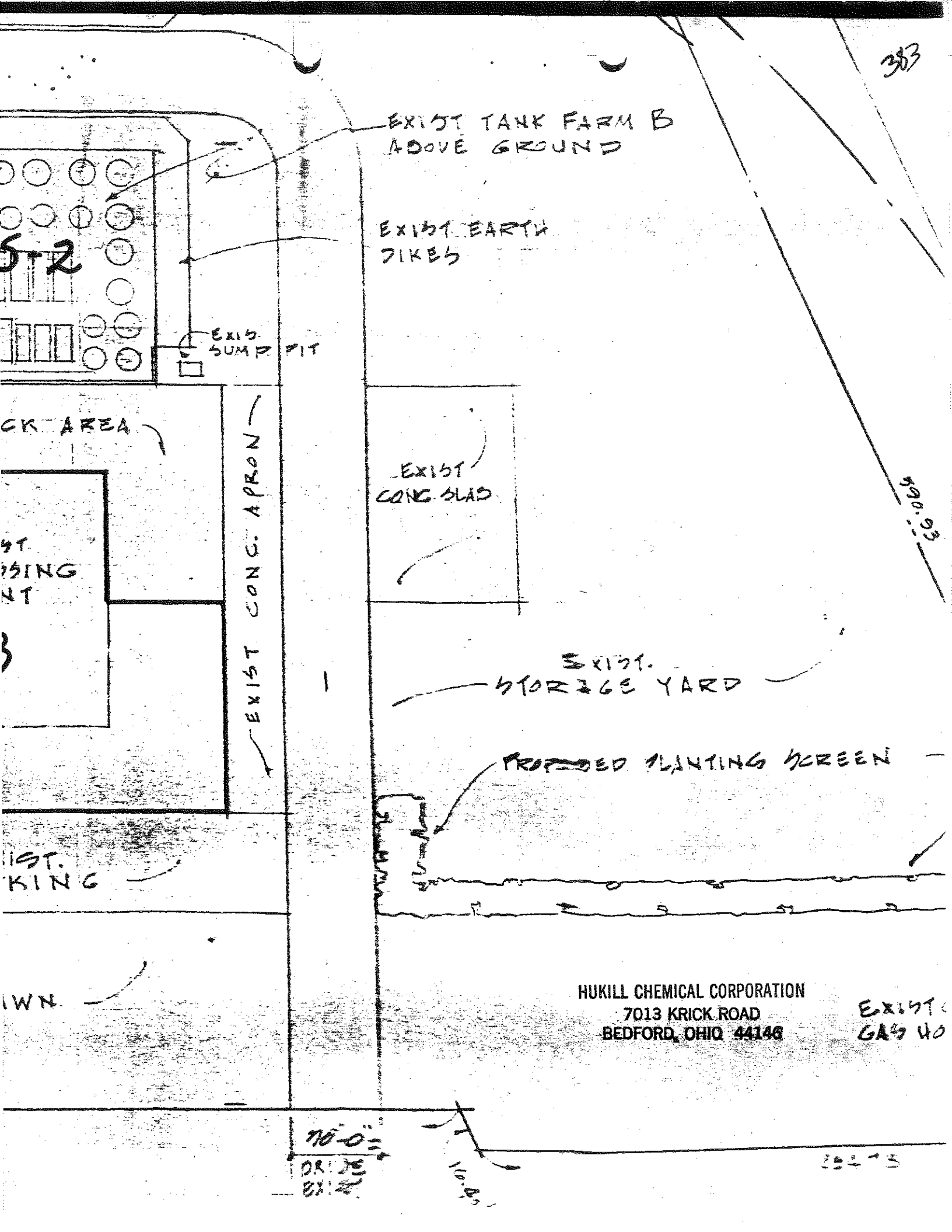


Building A - Office & Warehouse
Building B - Processing & Manufacturing

S1 - Acid Storage
S2 - Solvent Storage
S3 - Future Solvent Storage

HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146


383
HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146
BEDFORD
Walton Hills
Oakwood
BEDFORD HEIGHTS
BEDFORD RESERVATION
CONRAIL
Glendale Sch
City Hall
Moody Jr High Sch
Sewage Disposal
Playground
Sub Station
CUYAHOGA CO
SUMMIT CO
CORP BDY
TWINSBURG 4.5 MI.
RAVENNA 20 MI.
41°22'30"
620 000 FEET
T. 6 N
T. 5 N
N


383
EXIST TANK FARM B
ABOVE GROUND
EXIST EARTH
DIKES
EXIST.
SUMP PIT
CK AREA
EXIST
CONC SLAB
EXIST CONC. APRON
EXIST.
STORAGE YARD
PROPOSED PLANTING SCREEN
HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146
EXIST
GAS HO
70'-0"
DRIVE
EXIST

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F | T/A C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 22 022	081 31 045

VIII. FACILITY OWNER

X A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

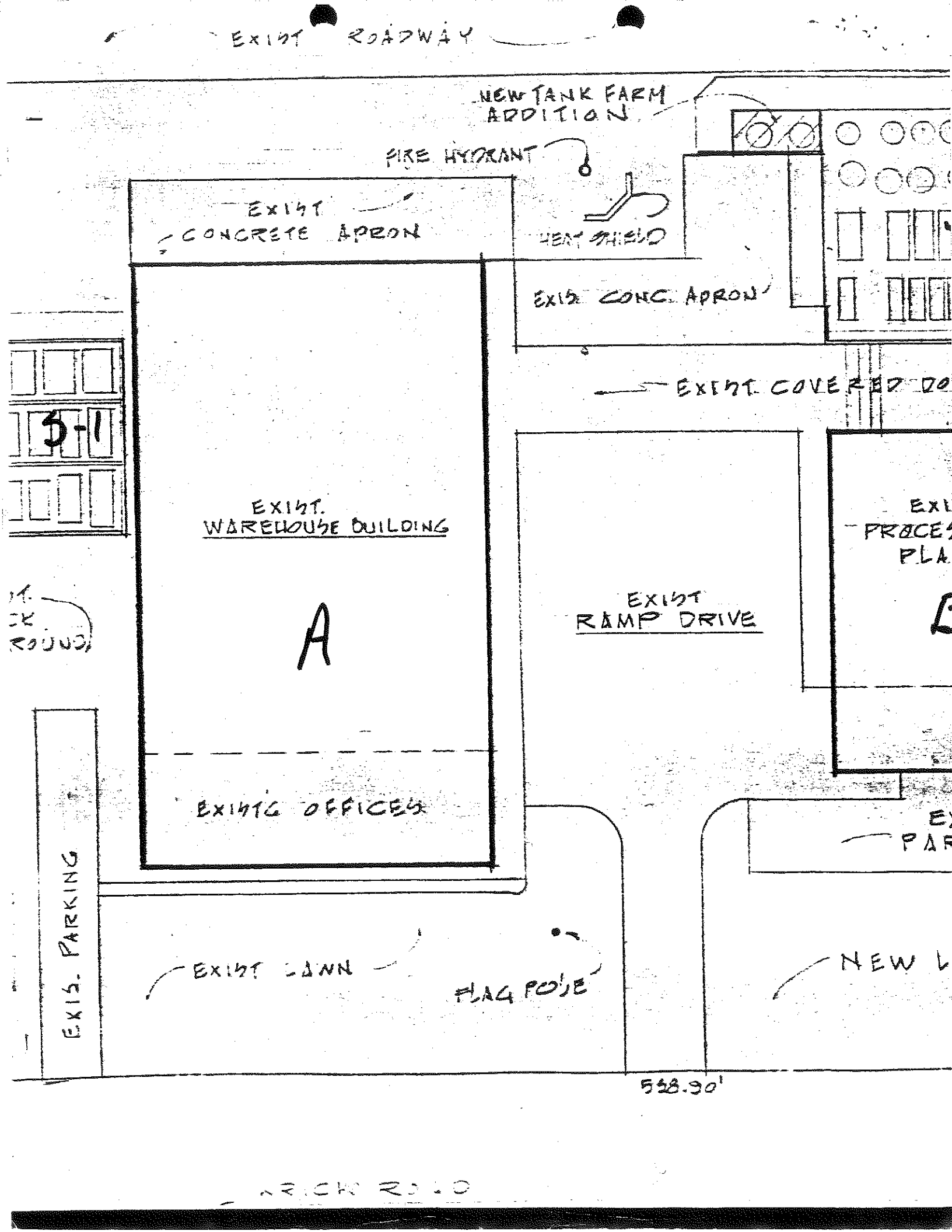
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

CONTINUE ON PAGE 5


EXIST ROADWAY
NEW TANK FARM ADDITION
FIRE HYDRANT
EXIST CONCRETE APRON
VENT SHIELD
EXIST CONC. APRON
EXIST. COVERED DO
5-1
EXIST. WAREHOUSE BUILDING
A
EXIST RAMP DRIVE
EXISTG OFFICES
EXIST. PARKING
EXIST LAWN
FLAG POLE
NEW L
538.90'

EXIST ROADWAY

NEW TANK FARM ADDITION

FIRE HYDRANT

HEAT SHIELD

EXIST CONCRETE APRON

EXIST TANK FARM B ABOVE GROUND

EXIST EARTH DIKES

S-2

EXIS. CONC APRON

EXIS. SUMP PIT

EXIST. COVERED DOCK AREA

CONC. APRON

EXIST CONC SLAB

S-1

EXIST. WAREHOUSE BUILDING

A

EXIST PROCESSING PLANT

B

EXIST RAMP DRIVE

EXIST. STORAGE YARD

PROPOSED PLANTING SCREEN

EXISTING OFFICES

EXIST. PARKING

EXIS. PARKING

EXIST LAWN

FLAG POLE

NEW LAWN

HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146

558.90'

383

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 c[illegible]s/inch).

Form Approved OMB No. 158-R0175 383

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F O H D 0 0 1 9 2 6 7 4 0 | T/A: 3 | C: D

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

OHD001926740
HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146

~~PLEASE PLACE LABEL IN THIS SPACE~~

(Same)

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: HUKILL CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 ROBERT L HUKILL GENERAL MANAGR	216 232 9400

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 7013 KRICK ROAD

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 BEDFORD	OH	44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 7013 KRICK ROAD

B. COUNTY NAME: CUYAHOGA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BEDFORD	OH	44146	CUY 035

EPA Form 3510-1 (6-80)

NOV 12 1980

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) 7399 SOLVENT RECYCLING	(specify) 5161 CHEMICAL DISTRIBUTION
C. THIRD	**D. FOURTH**
(specify) 2891 CHEMICAL PACKAGING	(specify)

VIII. OPERATOR INFORMATION

A. NAME

HUKILL CHEMICAL CORPORATION

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P

(specify)

D. PHONE (area code & no.)

216 232 9400

E. STREET OR P.O. BOX

7013 KRICK ROAD

F. CITY OR TOWN	G. STATE	H. ZIP CODE
BEDFORD	OH	44146

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N E 336 AD	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

18150

XII. NATURE OF BUSINESS (provide a brief description)

We are distributors of industrial acids, alkalies and solvents. Also in connection with this report and the attached Hazardous Waste Permit Application, we are a "Resource Recovery Facility" actively engaged in recycling byproduct streams back to industry in a completely closed loop system.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
EMORY G. HUKILL, PRESIDENT	Emory G. Hukill	11/6/80

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 ch[illegible]rs/inch).

Form Approved OMB No. 158-S80004 3&3

FORM 3 RCRA — EPA

U[illegible]VIRONMENTAL PROTECTION AGENCY

HAZA[illegible]OUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	0	H	D	0~~0~~	1	9	2	6	7	4	0	3	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	6 8	1 1	1 5

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP	3	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	55,000 ~~000~~	G	
2	S 0 2	150,000 ~~000~~	G	
3	T 0 4	12,500 ~~000~~	U	
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

We operate a Resource Recovery Facility incorporating both vacuum flash and atmospheric fractional distillation processes. Capacity approximately 3 million gallons per year total. Materials processed are received as commercial solvent by-product streams which are recycled back to industry as industrial solvent blends and heavier fractions converted and blended into residual fuels and returned to industry.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1): W O H D 0 0 1 9 2 6 7 4 0 — T/A: 1 — C: 1

FOR OFFICIAL USE ONLY: S: W — DUP — T/A: 2 — C: DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
001	F 0 0 1	~~1,000,000~~ 100,000.000	P	S 0 1 S 0 2 T 0 4	Storage and Processing for
002	F 0 0 2	included above	P		recycling
003	F 0 0 3	" "	P		
004	F 0 0 4	" "	P		
005	F 0 0 5	" "	P		
006	* ~~Other~~	~~1,500,000~~	P		
007	D 0 0 1	150,000.000	P		
008					* Note: This covers a large
009					variety of non halogenated
010					solvent blends typically
011					known as paint and lacquer
012					thinners.
013					
014					
015					
016					
017					
018					
019					
020					
021					
022					
023					
024					
025					
026					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS... (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F | | | | | | | | | | | | T/A | C 6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). F6B/555

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground—level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). F6B/555

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
41 22 ~~0~~22	~~0~~81 31 ~~0~~45

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

X. OPERATOR CERTIFICATION

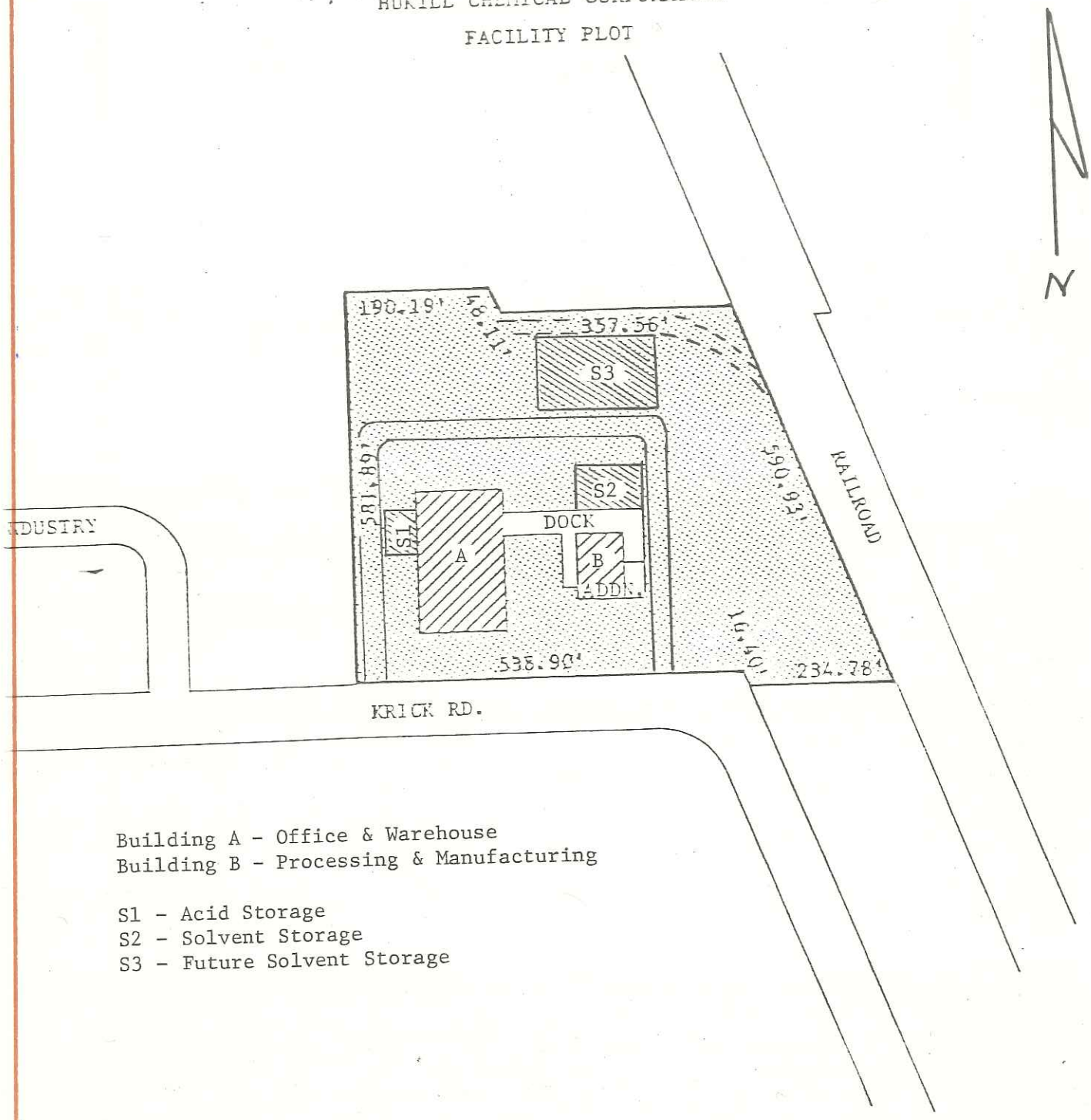
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Emory G. Hukill	Emory G. Hukill	11/6/80

V. FACILITY DRAWING *(see page 4)*

HUKILL CHEMICAL CORPORATION

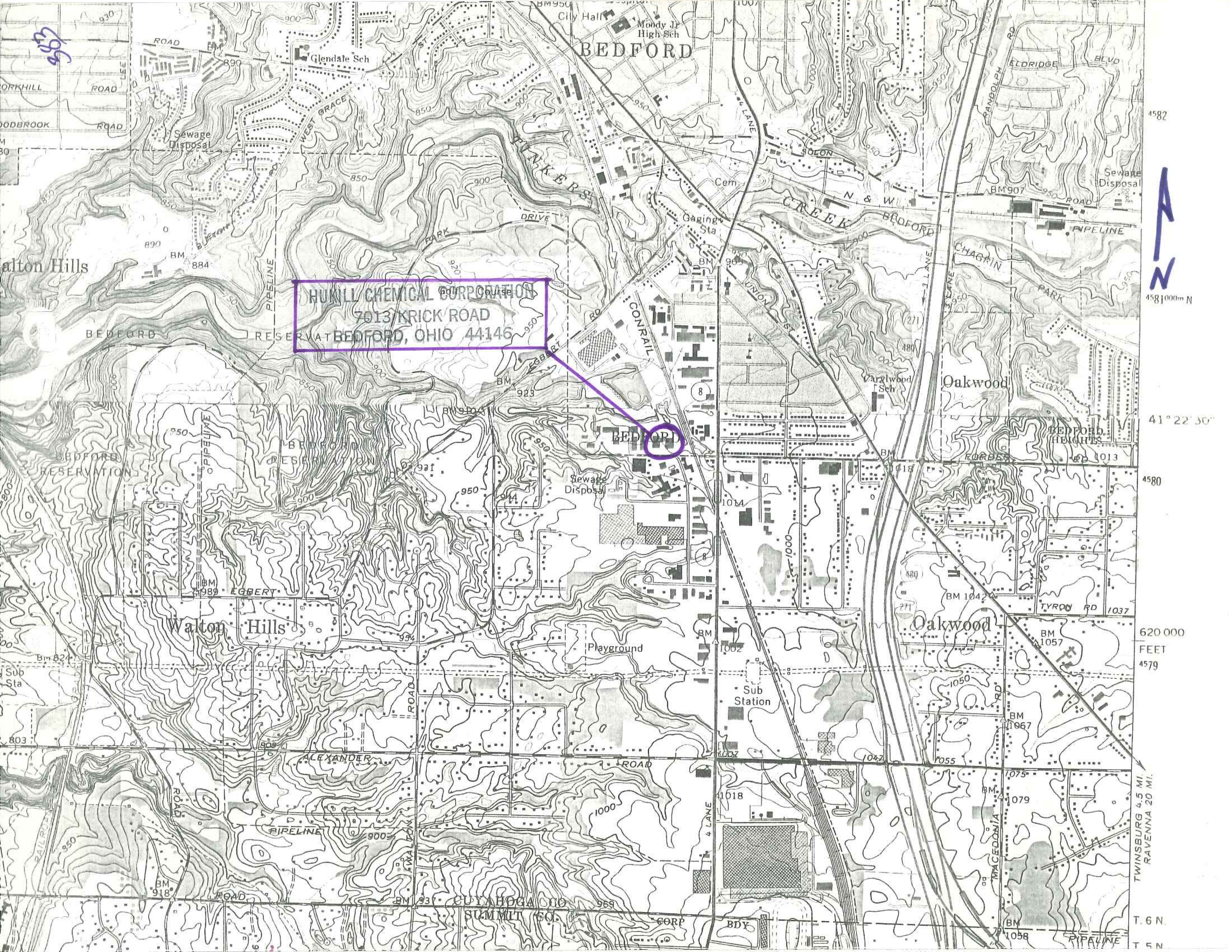
FACILITY PLOT

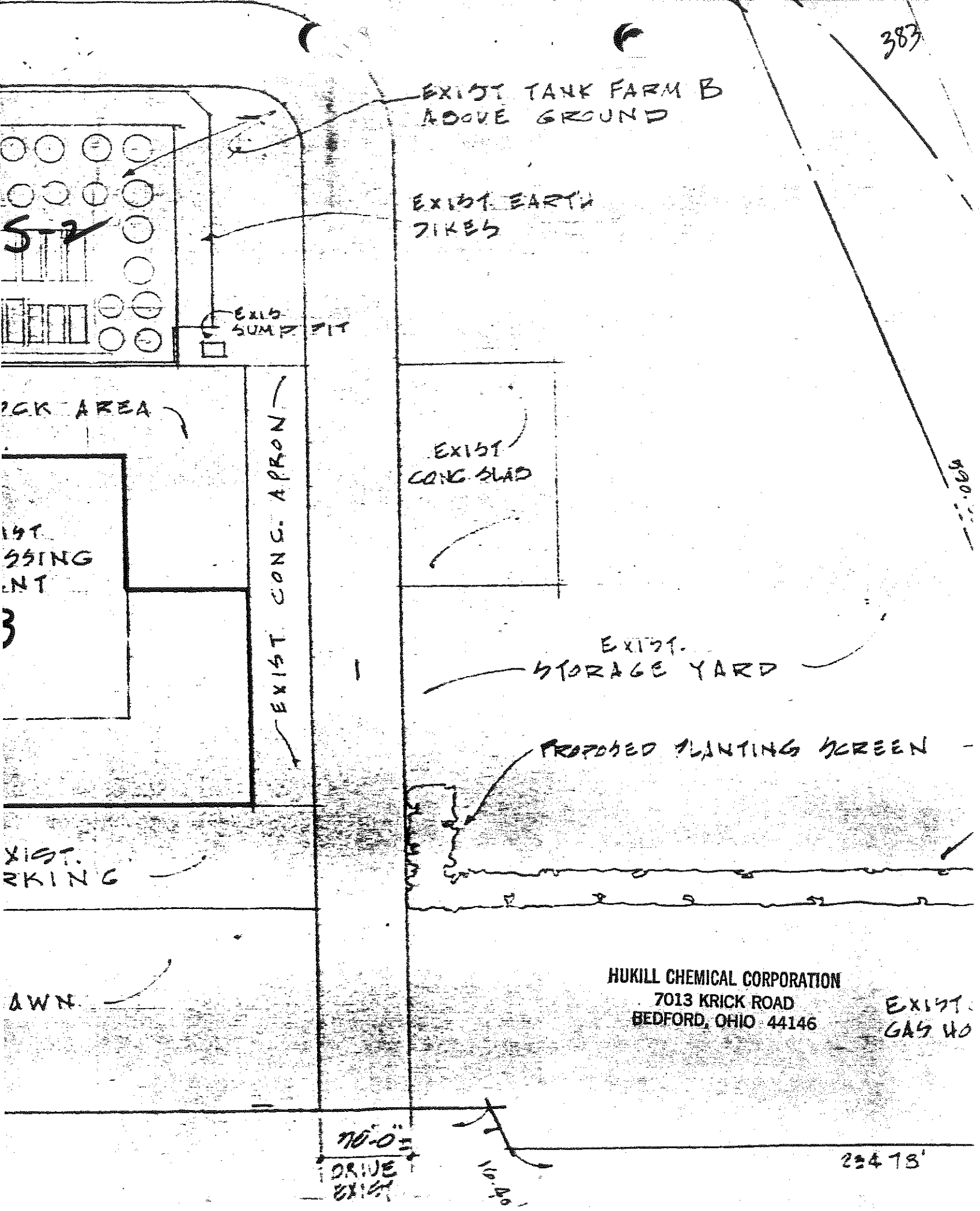


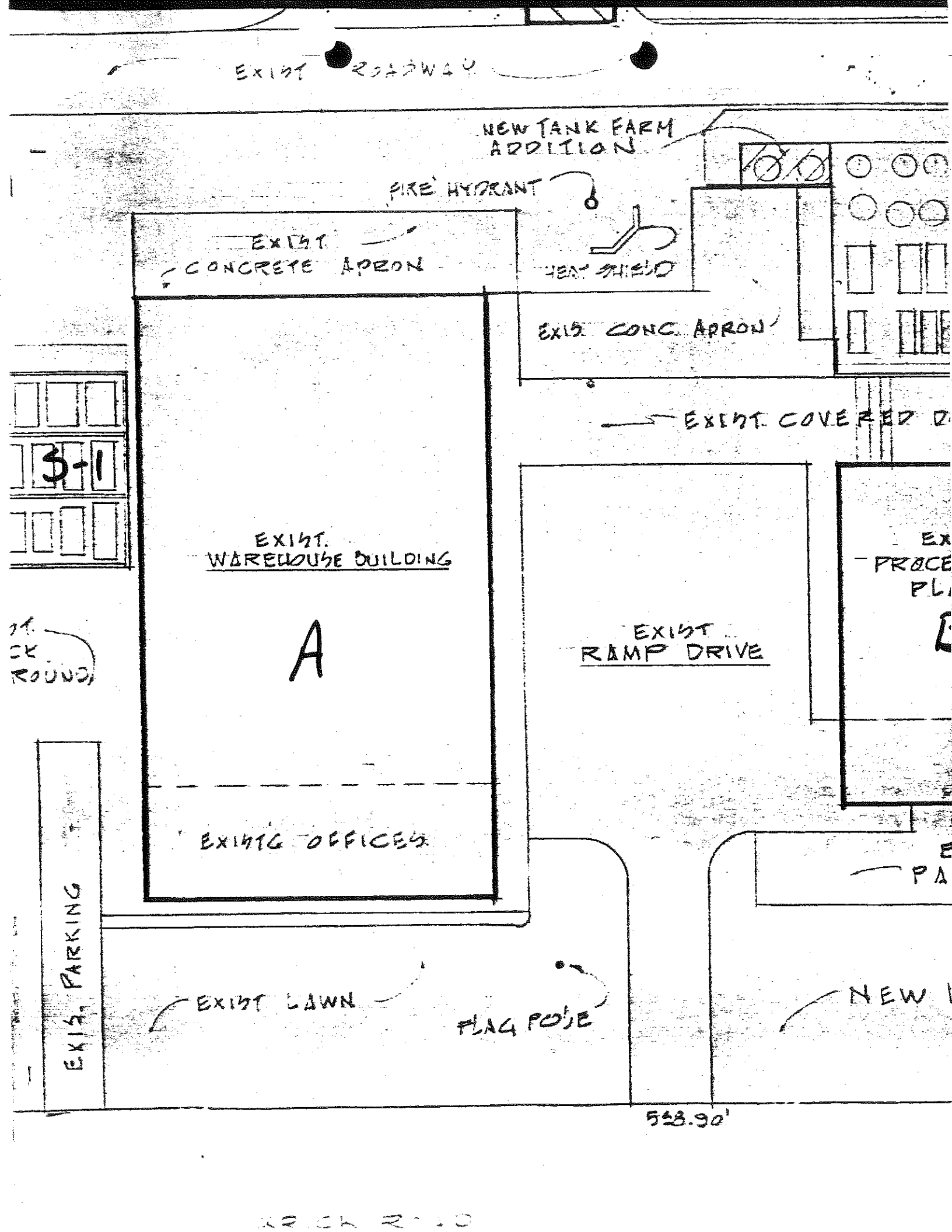
Building A - Office & Warehouse
Building B - Processing & Manufacturing

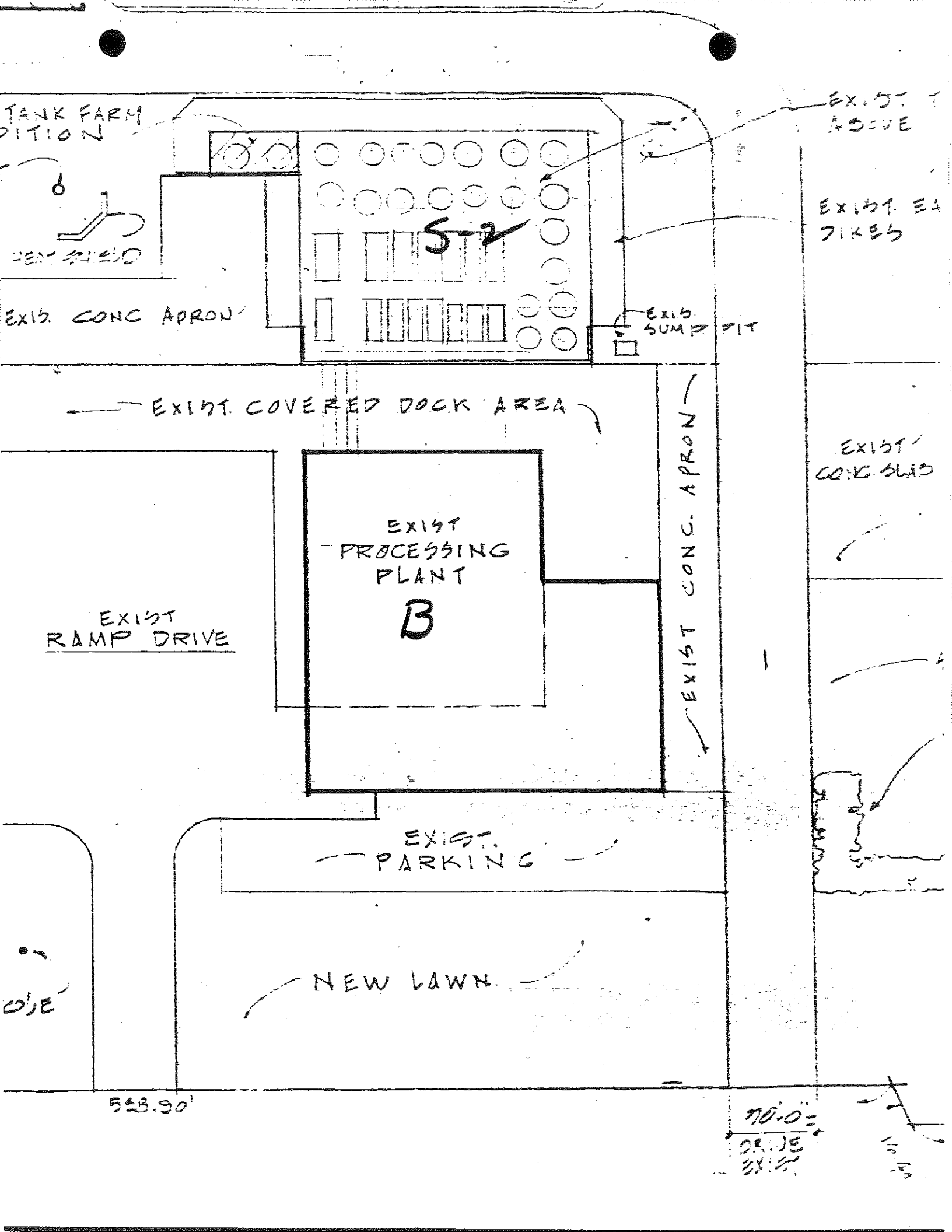
S1 - Acid Storage
S2 - Solvent Storage
S3 - Future Solvent Storage

HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146


HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146
BEDFORD
Walton Hills
Oakwood
BEDFORD HEIGHTS
BEDFORD RESERVATION
CONRAIL
Playground
Sub Station
Sewage Disposal
Glendale Sch
City Hall
Moody Jr High Sch
Golf Course
CUYAHOGA CO
SUMMIT CO
TWINSBURG 4.5 MI.
RAVENNA 20 MI.
41°22'30"
620 000 FEET
T. 6 N.
T. 5 N.
N


EXIST. TANK FARM B
ABOVE GROUND
EXIST. EARTH
DIKES
EXIST SUMP PIT
EXIST CONC. APRON
EXIST CONC SLAB
EXIST.
STORAGE YARD
PROPOSED PLANTING SCREEN
HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146
16'-0"
DRIVE
EXIST
383


EXIST ROADWAY
NEW TANK FARM ADDITION
FIRE HYDRANT
EXIST CONCRETE APRON
HEAT SHIELD
EXIST CONC. APRON
EXIST. COVERED
EXIST. WAREHOUSE BUILDING
A
EXIST RAMP DRIVE
EXISTG OFFICES
EXIST. PARKING
EXIST LAWN
FLAG POLE
558.90'


TANK FARM
PITION
EXIST T
ABOVE
EXIST EA
DIKES
EXID. CONC APRON
EXID SUMP PIT
EXIST. COVERED DOCK AREA
EXIST CONC. APRON
EXIST
CONC SLAB
EXIST
PROCESSING
PLANT
B
EXIST
RAMP DRIVE
EXIST.
PARKING
NEW LAWN
563.90'
70'-0"

EXIST ROADWAY

NEW TANK FARM ADDITION

FIRE HYDRANT

EXIST CONCRETE APRON

HEAT SHIELD

EXIST CONC APRON

S-2

EXIST TANK FARM B ABOVE GROUND

EXIST EARTH DIKES

EXIST SUMP PIT

EXIST COVERED DOCK AREA

CONC. APRON

EXIST CONC SLAB

S-1

EXIST. WAREHOUSE BUILDING

A

EXIST PROCESSING PLANT

B

EXIST RAMP DRIVE

EXIST. STORAGE YARD

PROPOSED PLANTING SCREEN

EXISTING OFFICES

EXIST. PARKING

EXIST. PARKING

EXIST LAWN

FLAG POLE

NEW LAWN

HUKILL CHEMICAL CORPORATION
7013 KRICK ROAD
BEDFORD, OHIO 44146

548.90'

70'-0"

DRIVE EXIST

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HE-12

APR 13 1987

Mr. Robert L. Hukill
Hukill Chem Corp.
7013 Krick Rd.
Bedford, OH 44146

EPA ID Number: OHD-001-926-740

Re: Requirements for Generators, Marketers and Burners of Hazardous Waste and Used Oil Fuels

Dear Mr. Hukill:

This letter acknowledges that the United States Environmental Protection Agency (U.S. EPA) has received your Notification of Hazardous Waste Activity as required by the new Waste-As-Fuel regulations. These regulations were published in the November 29, 1985, Federal Register and apply to persons who generate, market, transport, or burn hazardous waste fuel or used oil fuel.

The following information highlights the administrative requirements for persons subject to the current Waste-As-Fuel regulations promulgated on November 29, 1985, in 40 CFR (Code of Federal Regulations) Part 266, Subparts D and E.

GENERATORS

Persons Generating Hazardous Waste Fuel. Generators that send their hazardous waste to a hazardous waste fuel marketer are subject to the 40 CFR Part 262 generator standards [see 40 CFR 266.32(a)]. Generators that market their hazardous waste fuel directly to burners are subject to both the 40 CFR Part 262 standards and the hazardous waste fuel marketer requirements [see 40 CFR 266.32(b)]. Generators that are burners are also subject to 40 CFR 266.35.

Persons Generating Used Oil Fuel. Used oil generators are exempt from the current Waste-As-Fuel regulations unless they: (1) market off-specification used oil fuel directly to a burner, or (2) burn off-specification used oil for energy recovery. Generators marketing directly to a burner are subject to 40 CFR 266.43. Generators burning off-specification used oil fuel are subject to 40 CFR 266.44.

MARKETERS

Persons Marketing Hazardous Waste Fuel. Persons who market hazardous waste fuel include the following: (1) generators marketing hazardous waste fuel directly to a burner, (2) persons who receive hazardous waste from generators and produce, process, or blend hazardous waste fuel, and (3) persons who distribute but do not process or blend hazardous waste fuel. Hazardous waste fuel marketers are required to have notified U.S. EPA of their hazardous waste fuel activities, have a U.S. EPA Identification Number, and market only to persons who have notified U.S. EPA and who burn the fuel only in industrial furnaces, industrial boilers, or utility boilers. These marketers are also required to comply with manifest requirements, certification of compliance with burning standards, recordkeeping requirements, and storage standards [see 40 CFR 266.34].

Persons Marketing Used Oil Fuel. 40 CFR 266.43 describes to whom the regulations for used oil marketing apply. The same requirements for persons marketing hazardous waste fuel apply to off-specification used oil fuel marketers, except for the manifest and storage requirements [see 40 CFR 266.43].

TRANSPORTERS

Persons Transporting Hazardous Waste Fuel. Persons who transport hazardous waste fuel are subject to the 40 CFR Part 263 standards for hazardous waste transporters. These persons are required to notify U.S. EPA of their Waste-As-Fuel activities. However, they are not required to renotify U.S. EPA of their hazardous waste transportation activities if they have already done so.

Persons Transporting Used Oil Fuel. Persons who transport used oil fuel, both on-specification and off-specification, are currently exempt from the Waste-As-Fuel regulations.

BURNERS

Persons Burning Hazardous Waste Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers that burn hazardous waste fuel are subject to the following: (1) notification to U.S. EPA of hazardous waste fuel activities, (2) manifest requirements, (3) certification with burner standards, (4) recordkeeping requirements, and (5) storage standards. Burners must also comply with the prohibitions on use in non-industrial boilers [see 40 CFR 266.35].

Persons Burning Used Oil Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers are subject to the same requirements as Hazardous Waste Fuel Burners except for the manifest and storage standards [see 40 CFR 266.47].

If you have any questions concerning this letter or the Waste-As-Fuel regulations, please contact either Ms. Shirlee Brauer at (312) 886-4591, or Ms. Laura Lodisio at (312) 886-7090 or the RCRA/Superfund Hotline at (800) 424-9436.

Sincerely,

Basil G. Constantelos, Director
Waste Management Division

Enclosure

OHD 001926740 A23

Greg

HUKILL CHEMICAL CORPORATION

August 1, 2007

Re: Temporary Authorization Request

To Whom It May Concern:

This letter is to notify you that Hukill Chemical Corporation has submitted a request for Temporary Authorization to store material from its hazardous waste storage area temporarily on the east pad area. During this time the storage area floor will be tested for leaks in the secondary containment. The inspection and temporary storage is anticipated to be completed in approximately 48 hours. Hukill Chemical Corporation has requested for a thirty day temporary authorization from the Director of the Ohio EPA, for this storage activity. The temporary storage area will be inspected daily.

In accordance with OAC3745-50-51(F)(2)(c), this letter shall serve as your notice of the temporary authorization request. If you have any questions, please feel free to contact me at (440) 232-9400 extension 1230.

Sincerely,

Hukill Chemical Corporation

Timothy Jones
Environmental, Health and Safety Manager